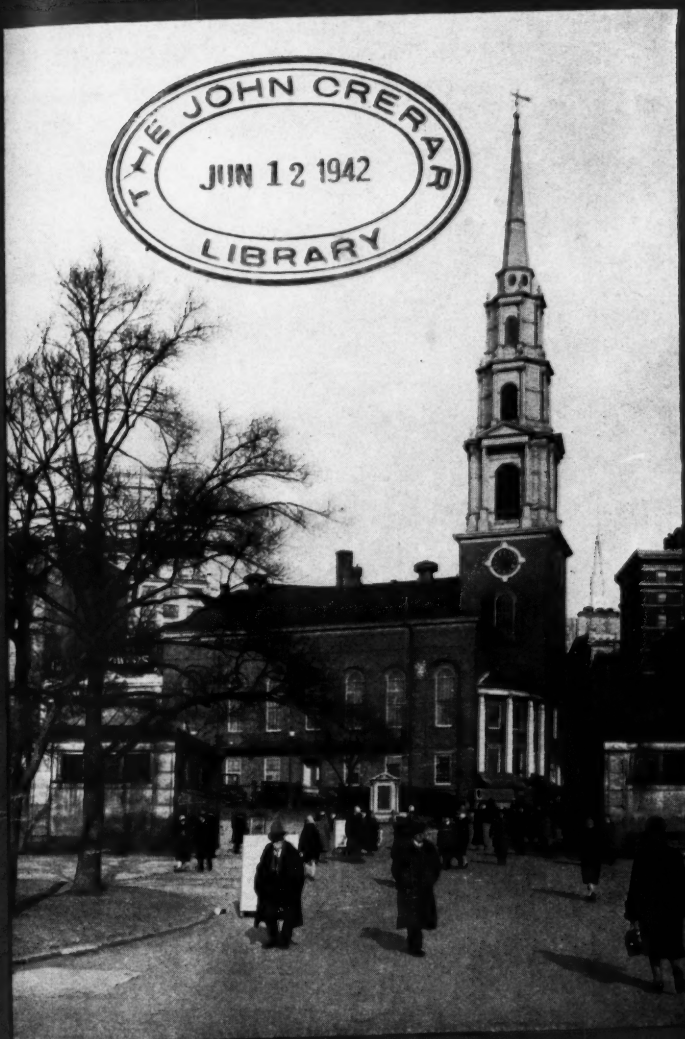
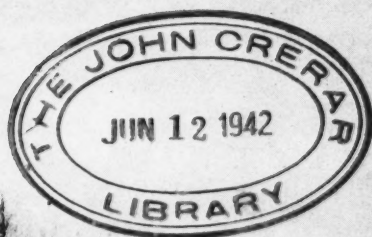


In this issue: Who Said Dentistry Was Important?



Oral Hygiene

THE CONSUMER'S PLEDGE
"...I will take care
of what I have..."



Longer Life ★

FOR
HANDPIECES
WITH
SOLUBRI
CLEANER & OIL



Now that it is patriotic as well as sensible to "take care of what you have," your handpiece more than ever deserves the careful attention needed by every mechanism with accurate, moving parts.

SANI-TERRY HANDPIECES resist wear. Regular care with Solubri Cleaner and Solubri Oil will increase the length of their useful service.

SOLUBRI CLEANER removes all accumulations of grit, dirt and debris from handpieces.

SOLUBRI OIL keeps the parts working smoothly and decreases wear.



**CLEAN FIRST
THEN
LUBRICATE**

THE *Cleveland* DENTAL
MANUFACTURING COMPANY
CLEVELAND, OHIO • U. S. A.

LEADERSHIP IN PORCELAIN SERVICE



Matchless Skill and Experience



View of general laboratory.

REORGANIZED and modernized, our new Porcelain Department offers you the finest in esthetic restorations: Reinforce porcelain and acrylic bridge jacket crowns, inlays, acrylic veneers, Austenal Micromold and Resin teeth—all types of acrylic cases.

Literature on request.

Visit our laboratory.

STANDARD DENTAL LABORATORIES

185 North Wabash Avenue, Chicago

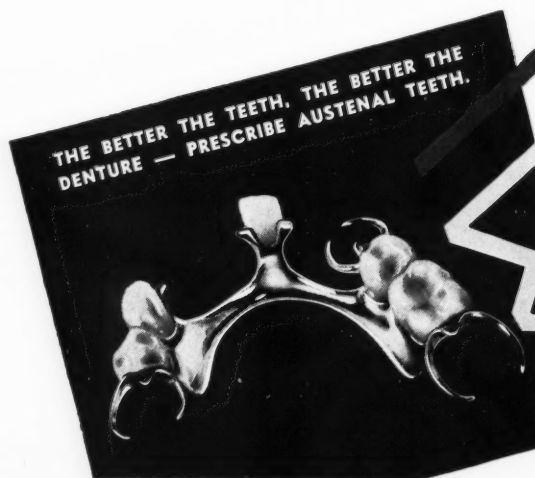
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VITALLIUM

... THE FRIENDLY ALLOY

Assuredly, Vitallium — the *original* and only true Cobalt-Chromium alloy — has earned the designation "friendly alloy". It is light and strong and provides service, comfort and cleanliness to a degree generally unattained in other cast dentures. The permanent lustre of Vitallium conforms with the beautiful in prosthetic dentistry. Its smooth, hard surface is virtually self-cleansing. Its perpetually new jewel-like finish will not dull, stain or tarnish under any oral service. It is impervious to odors and is unaffected by mouth fluids. It may be repaired, added to or rebased. It is accepted as a superior metal for the internal fixation of bone fractures.

Prescribe VITALLIUM — it makes friends of patients.



STANDARD DENTAL LABRATORIES

185 North Wabash Avenue, Chicago

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AMPLE FLOSS SUPPLY ASSURED

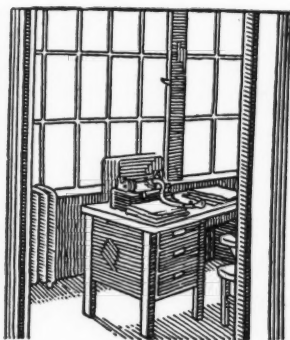


J & J HAS SILK SUBSTITUTE

● Our Research Laboratory has evolved a synthetic fibre dental floss to replace silk. It has all the qualities of silk. You will notice no difference. We will no longer use silk. We expect no shortage of dental floss.

DENTAL DIVISION

+ *Johnson & Johnson* **+**
NEW BRUNSWICK, N. J. CHICAGO, ILL.



The Publisher's **CORNER**

No. 252

By Mass

JERK WORK

COULD ONE SUE Walter Winchell for labeling conductors of small-time columns as "journalistic jerks"—could one, should one? As one of the journalistic jerks, I wonder. But one had better quit wondering and get on with one's washing. There's jerk work to be done.

* * *

MOSEYING IN MANHATTAN—The bag-eyed lady in the chic riding habit, dismounting from a taxi. Better curb the impulse to yell, "Where's your horse, lady?" . . . The lady looks muscular . . .

The foreign-looking gesticulator gesticulating to his fish-eyed com-

panion about a vast bundle of mimeographed sheets, protected by a grimy newspaper, and the fish-eyed companion looking more and more fish-eyed. Hope he escapes, as he seems to be trying to . . . Good luck to you, brother! You seem to need it . . .

(Recollection of the short, squat gesticulator encountered a while ago who talked endlessly and breathlessly and tiresomely of his then-current obsession which was much less than nothing in *my* life. Recollection of the vicious impulse to smack down vertically and drive this belt-high stump into the dust from which he unfortunately—and accidentally, no doubt—had been fashioned by the Creator.)

The erudite, coffee-colored red-cap in Pennsylvania Station shouldering the baggage. "You are in roomette D, sir? D as in *dementia*?"

The gal in the gorgeous mink coat, and slacks—sleazy-looking slacks at that. Not bad, though. Apparently a well-stuck-together miss.

The cow-eyed wolf lurking nearby, surveying her. But you're not doing so good, chum: the air of innocence isn't convincing. Better just be a wolf-eyed wolf. Maybe she *likes* wolves. Some do, some do.

* * *

Suggestions to this department from one of its very oldest friends:

"I'll guarantee that if you'll find a lake, and go out in a boat by yourself or with a dog, and keep tangled up in your line, and keep kicking over the bait can, that you will come back a new man. The secret

(Continued on page 750)

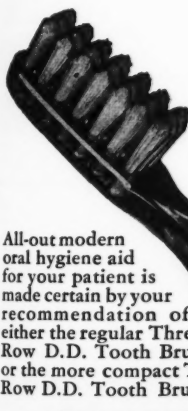
Tour of the **D.D. TOOTH BRUSH**

Points Out Its Great Brushing
and Massage Features



This is the twist-
ed handle of the
D.D. Tooth Brush
which the hand
naturally grasps for
easy and efficient
tooth brushing and
gum massage.

Here we have the
novel non-skid thumb rest
which prevents slipping, even
when fingers are wet.



And now, we come to the
tufts, nicely spaced to reach
every accessible tooth surface.

The bristles are highly
resilient and springy, made
for long life.

All-out modern
oral hygiene aid
for your patient is
made certain by your
recommendation of
either the regular Three
Row D.D. Tooth Brush,
or the more compact Two
Row D.D. Tooth Brush.

BRISTOL-MYERS COMPANY

630 Fifth Avenue
New York, N. Y.

Dept. 4

**SCIENTIFICALLY DESIGNED FOR
MODERN TOOTH BRUSHING AND GUM MASSAGE**

S. S. WHITE WAXES

PINK BASE-PLATE NO. 9

A light pink, laboratory wax—pleasing for try-ins. Remains rigid in high temperature climates. Excellent working qualities.

Sheets .054" x 2 15/16" x 5 5/8"

1 lb. (1/2 lb. boxes)	\$1.10 per lb.
5 lbs. (1/2 lb. boxes)	1.00 per lb.
5 lb. box90 per lb.



PINK BASE-PLATE NO. 7

A laboratory wax for base-plates, waxing up, boxing impressions, and other purposes where economy is desired. Holds teeth firm, carves clean.

Sheets .047" x 2 15/16" x 5 5/8"

1 lb. (1/2 lb. boxes)	\$1.15 per lb.
5 lbs. (1/2 lb. boxes)	1.08 per lb.
5 lb. box97 per lb.



PINK BASE-PLATE PARAFFIN AND WAX

Remarkably tough, medium hard. Excellent for trial bases and setting up teeth; particularly good for partial and edentulous bites.

Sheets .047" x 2 15/16" x 5 5/8"

1 lb. (1/2 lb. boxes)	\$1.25 per lb.
5 lbs. (1/2 lb. boxes)	1.15 per lb.
5 lb. box	1.05 per lb.



YELLOW BASE-PLATE

Pure beeswax carefully compounded. Tough and pliable. For those who like a yellow wax. Sheet form handy to use.

Sheets .036" x 2 15/16" x 5 5/8"

1 lb. (1/2 lb. boxes)	\$2.10 per lb.
5 lb. box	1.80 per lb.

S. S. White

REGULAR

A definite contribution to the direct and indirect inlay techniques. It becomes ideally plastic over an alcohol or Bunsen flame, doesn't crumble during manipulation, flows under slight pressure into minute recesses, carves without chipping or dragging, and resists distortion during removal of the pattern. Moreover, it has the right shade of blue for excellent contrast to tooth enamel and tissues, and good visibility for carving. It leaves a clean mold.

Box of 12 square sticks	\$.60
6 boxes	3.30
12 boxes	6.30

YELLOW BITE AND IMPRESSION

Pure beeswax for impressions and bites. Useful as foundation for colloid impressions in water cooled trays.

Sheets .010" x 3 3/8" x 3 3/8"

1/2 lb. box (12 sheets)	\$2.00 per lb.
5 lb. box	1.75 per lb.

Prices for larger quantities given upon request.
Prices subject to change without notice.

ES for every dental need

ite ULAR **VE INLAY WAX**

*** HARD**



*Guaranteed to comply with A.D.A. Specification No. 4, First Revision

GREEN INLAY NO. 4

BLACK INLAY NO. 5

Have a wide popularity. Leave clean molds.

Box of 15 hexagonal sticks	\$.50
6 boxes	2.75
12 boxes	5.15

PINK CASTING

For patterns when casting saddles, bars, clasps, stabilizers, one-piece cast dentures, etc. Free of brittleness; adapts easily; leaves a clean mold.

Sheets, B & S gages—22, 24, 26, 28, 30	
Box of 32 sheets, 3½" x 3½" separate or assorted gages	\$.75 per box
6 boxes	4.00



CASTING WAX NO. 6

DARK RED

For clasps, dummies, indirect inlays, etc. A tough wax, yet it flows and carves beautifully. Leaves a clean mold.

Handy size can	\$.50 per can
----------------	----------------



CROWN STICKY WAX

Excellent for general laboratory work. Very sticky when warm; holds steadfast and rigidly at high room temperatures. Hardens quickly; easily removed with boiling water.

Box of 18 hexagonal sticks	\$.50 per box
6 boxes	2.75
12 boxes	5.10



TENAX WAX

For base-plates. A time saver when thin plates are desired; it eliminates dressing down when finishing. Pink paraffin and wax; extremely tough and strong.

Sheets .036" x 2 15/16" x 5 5/8"

1 lb. (1½ lb. boxes)	\$1.60 per lb.
5 lbs. (1½ lb. boxes)	1.45 per lb.
5 lb. box	1.30 per lb.

For Sale by Your Local Dealer

THE S. S. WHITE DENTAL MFG. CO., PHILADELPHIA, PA.

(Continued from page 746)

of fishing is that you don't have to walk twenty-five miles a day as you do playing golf; you don't have to stoop over very far (*you couldn't, of course*); nobody can criticize your fishing form; and you always have the alibi that there were no fish, or that they were not biting, or that you have given your fish to some starving soul.

"People also have been known to take three or four bottles of ale, and suspend them by rope, in a basket or an oil can, in the cold water. Ale treated in that fashion on a hot day when you're in an open boat is said to be exceedingly nutritious."

* * *

A CORNER customer in a New York State town, who prefers not to have his name printed, wrote a while ago to tell about his new assistant who blew up his sterilizer for him. "The lid looked like a pretzel," he wrote. "The sides were bulging out. There was water all over everything. I could cheerfully have choked her. After sterilizing the instruments, she said, she had 'put that other thing in' and had gone to answer the phone, then 'the whole business blew up.' As to 'that other thing,' I'll give you three guesses, but you'd never guess—it was a metal container of ethyl chloride. The next day, I found what was left of the contain-

er wedged under the footboard of the dental chair.

"She may yet make a good assistant, but I think she is wasting talents that could better be used by the fighting forces."

* * *

Another reader of this department, Bill Smith of Walker & Downing here in Pittsburgh, has the notion that dentistry could do with more humor. So for quite a while he's been gathering humorous human-interest stories about dentists and their patients with the idea of some day putting out a little booklet—says, "I would like to appeal to dentists, through your columns, to send me stories that I might include." He will give every contributor a by-line. He hopes dentists may want to put copies of the booklet on their reception-room table, to help relieve patients' tension while they're waiting.

* * *

CLOSING MEDITATION—I know how many bones I have in me, and their names, from cranium to phalanges. I know all the pressure points, from temporal to femoral. I know about white corpuscles and red ones. Why can't I tie a square knot? Why do I have to get first-aid victims all cinched up in granny knots? The one who had to go home with the big bandage over his vest was pretty annoyed.

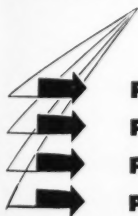




**which
is more
deadly?**

You probably would say the loaded gun . . . and you would be right. But fill a dental cartridge with an unsterile procaine solution, and it may become as dangerous as any firearm. *Safety* in procaine anesthesia depends largely on the purity and sterility of the solution . . . a fact which Abbott never forgets in the manufacture of its Procaine Dental Cartridges. The production methods and control techniques employed are those developed and perfected during twenty-four years of practical manufacturing experience. This unique experience has led to numerous improvements resulting in a procaine solution of uniform purity, potency and low toxicity, meeting the most precise control tests and assays. The solutions are isotonic so that they may produce the least osmotic disturbance in the infiltrated tissues. In addition, each cartridge is plainly labeled to identify its contents . . . a feature every dentist will appreciate. Each label carries a serial number indicating the thorough beginning-to-end control for assuring purity and potency. Abbott Laboratories, North Chicago, Ill.

Abbott's



Procaine Hydrochloride 2% with Epinephrine 1:30,000

Procaine Hydrochloride 2% with Epinephrine 1:50,000

Procaine Hydrochloride 2% with Epinephrine 1:60,000

Procaine Hydrochloride 2% (without Epinephrine)

In boxes of 10 and 100 cartridges

Successful operations call for
CONFIDENCE in EQUIPMENT



TWINS
in Tolerance . .
INDIVIDUAL
*in Anesthetic
Action!*

BACK of every successful military operation there must be confidence. Confidence in the cause. Confidence in men. Above all else, confidence in equipment—complete trust that it will serve its promised purpose.

Dental operations are not far different. In employing local anesthesia to control pain, you can go ahead unhampered by personal tension or patients' fears only when you know the solutions you use are worthy of your trust. Novocain with Cobefrin and Novocain-Pontocaine-Cobefrin have proved their trustworthiness in more than 125 million injections.

In dependable uniformity, wide tolerance and effective pain control, these two popular solutions are twins. In action they are individual in this respect: Novocain-Pontocaine-Cobefrin, because of its Pontocaine content, extends operating anesthesia over a longer period.

Specify both with your next order. Prove their day-to-day dependability for yourself. Many dentists use both—Novocain with Cobefrin for routine indications; Novocain-Pontocaine-Cobefrin for more prolonged procedures.

COOK LABORATORIES, INC. — THE ANTIDOLOR MFG. CO., INC.
170 Varick St., New York, N. Y. Laboratories: Rensselaer & Springville, N. Y.



NOVOCAIN, PONTOCAINE,
COBEFRIN. Reg. Trademarks

NOVOCAIN WITH COBEFRIN
NOVOCAIN-PONTOCAINE-COBEFRIN



Try *liquid bulk* — Sal Hepatica with water — for prompt and thorough removal of intestinal waste in constipation related to dental conditions. Sal Hepatica acts gently to stimulate the sluggish bowel musculature, to flush the intestines, and to help maintain a proper water balance.

DENTAL USES OF SAL HEPATICA

Make Sal Hepatica's *liquid bulk* your helpful assistant whenever you require a good eliminant that is also easy and pleasant to take, in the treatment of . . .

PERIODONTOCLASIA
PULP INFECTION
VINCENT'S ANGINA

RETAINED ROOT FRAGMENT
CHRONIC ABSCESSSES
SINUS INVOLVEMENT

Literature upon request



SAL HEPATICA *supplies Liquid Bulk to Help Flush the Intestinal Tract*

BRISTOL-MYERS CO. • 19 L West 50th St., New York, N.Y.

Camel invites you

TO ENJOY THE INTERESTING FEATURES
OF THE CAMEL CIGARETTE EXHIBIT AT THE
A. M. A. CONVENTION—JUNE 8 TO 12



- See for the first time the dramatic visualization of nicotine absorption from cigarette smoke in the human respiratory tract—
- See the giant photo-murals of Camel laboratory research experiments in the burning rate and nicotine production in the smoke of the 5 largest-selling brands of cigarettes—
- Keep up to the minute on international news with the Camel Cigarette *Trans-Lux* "flash" bulletins, while you enjoy a supply of slow-burning Camel Cigarettes—
- The smoke of slow-burning CAMELS contained less nicotine than that of the 4 other largest-selling brands tested—less than any of them—according to independent scientific tests of the smoke itself!
- In the same tests, CAMEL burned slower than any of the 4 other largest-selling brands tested.

● SEND FOR REPRINT of an important contribution to medical literature—"The Cigarette, The Soldier, and The Physician," *The Military Surgeon*, July, 1941—revealing many new angles about smoking. Write Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York City.

Camel

THE CIGARETTE OF COSTLIER TOBACCOS

No imitator can duplicate



ALL American acrylics have their source in the pure acrylic LIQUID monomers, synthesized only by two great chemical firms.

These liquids are then combined by their manufacturers with other substances in wide variety to make the many specialized acrylic powders commercially sold for use by arts and industry.

Crystolex Liquid is pure methyl methacrylate—just as pure as modern chemical control can make it. It is available to no Crystolex imitator.

Crystolex Powder is a Copolymer of pure methyl methacrylate liquid and a given proportion of another acrylic, ethyl acrylate. It is made exclusively for Kerr.

Plainly, no imitator can duplicate either Crystolex Liquid or Crystolex Powder. No other dental acrylic duplicates Crystolex.

These facts give plain reasons for the outstanding performance of Crystolex Dentures with which Dentistry is fast becoming familiar.

Standardize on Crystolex, the different and better acrylic, formulated especially for Dentistry.

KERR

RED. U.S. PAT. OFF.

DENTAL MFG. CO.

CRYSTOLEX

MANUFACTURED BY ROHM & HAAS CO.

How Imitators Work

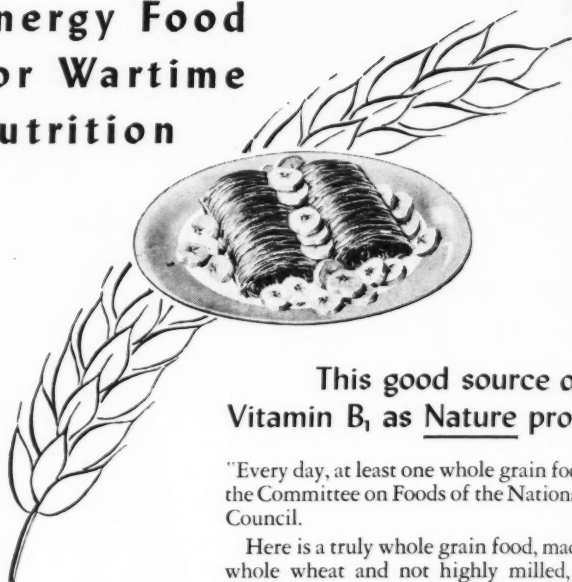
"The only source of supply of acrylic denture materials, outside of those made especially for dentistry" are the commercial molders. The acrylic denture distributor approaches a commercial molder and makes arrangements for him to order extra methyl methacrylate powder. The molder does so and turns it over to the acrylic distributor who proceeds to heat up some of it and distill off the liquid. The powder is then colored and distributed along with the liquid as an acrylic denture material. An acrylic distributor is at the mercy of whatever formulation is supplied to the molder. Suddenly the original manufacturer may make a change to improve its molding qualities but this change will ruin its denture making possibilities."

(Extract from "Dear Doctor" letter which we are sending to Dentists interested in getting the inside facts about acrylics. Ask for it!)



DETROIT

Energy Food For Wartime Nutrition



This good source of
Vitamin B₁ as Nature provides it

"Every day, at least one whole grain food," advises the Committee on Foods of the National Research Council.

Here is a truly whole grain food, made of 100% whole wheat and not highly milled, toasted in slender strands for easy digestibility. Nabisco Shredded Wheat supplies *all* the energy of whole wheat and, in addition, is recognized as a good source of Vitamin B₁ as *Nature provides it*.

The keen, toasted, nut-like flavor of Nabisco Shredded Wheat "wears well," and in many homes it is a standard breakfast. With milk and berries or fruit it affords a well-rounded supply of nutrients—vitamins, minerals, carbohydrates and proteins. Yet it is not too hearty a morning meal even for sedentary workers.

In recommending Nabisco Shredded Wheat, recognized for more than 45 years as an ideal whole grain cereal, it is well to mention the full name, Nabisco Shredded Wheat, which is the original Niagara Falls product.



Baked by NABISCO
NATIONAL BISCUIT COMPANY

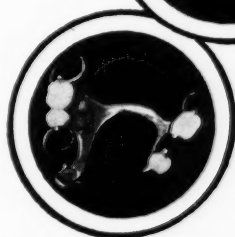
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REVELATION

TOOTH POWDER

*ALSO recommended
for keeping dentures
bright and clean...*

Over the years, Revelation has become widely recognized in the profession as an ideal dentifrice. Also unexcelled for cleaning and polishing orthodontic appliances, and dentures made of materials of every type, including acrylics. Gives gold and other dental metals a real lustre. Thousands of dentists personally use and recommend Revelation. Thanks to their recognition, its demand has grown steadily since introduced in 1907. Original formula perfected by August E. Drucker, is adhered to with constant vigilance.



*An American Product

AUGUST E. DRUCKER CO., SAN FRANCISCO

OH-6-42



**BUY U. S. DEFENSE
BONDS AND STAMPS**

Oral Hygiene

VOL. 32, NO. 6

JUNE, 1942

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ASSISTANT EDITOR
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"Get in the Scrap!"

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PRECIOUS
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in here



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To J. F. JELENKO & CO., Inc.
136 WEST 52nd STREET
NEW YORK, N. Y.

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SEND IT
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Put your metal scrap to work. Buy U.S. Defense Bonds, for your June 15th Income Tax deduction, or the Red Cross or the U.S.O. Or, if your obligation is all taken care of, "ear-mark" it for your vacation.

J. F. JELENKO & CO., INC.

Manufacturers of Dental Golds & Specialties

136 West 52nd Street

New York, U. S. A.

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136

"Get in the Scrap!"

Drop Your
PRECIOUS
METAL
SCRAP
in here



When you send your Scrap to
JELENKO, you are assured of an
ACCURATE ASSAY
and a

PROMPT REMITTANCE
in Cash or New Jelenko Golds

YOUR Scrap is assayed by competent assayers on our own premises and is held intact pending your acceptance of our report. Mail your Scrap by Registered Mail in this envelope, direct to us or through your dealer.



and
SEND IT
to

JELENKO

PUT that Gold, Platinum and Amalgam Scrap to work. It means cash in your pocket for Defense Bonds, for your June 15th Income Tax Payment; for the Red Cross or the U.S.O. Or, if your obligations are all taken care of, "ear-mark" it for your vacation.

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Rea Proctor McGee
D.D.S., M.D.



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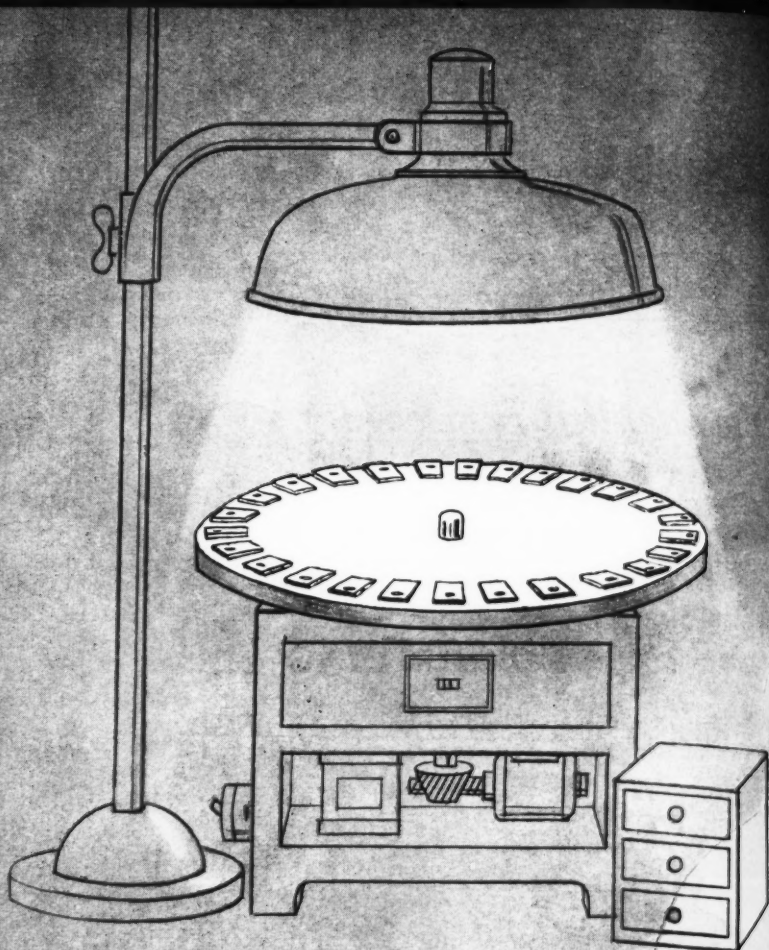
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WHO SAID DENTISTRY WAS IMPORTANT?

**Confusion in U. S. Public Health
Service impairs the dental program**

TO MANY MEMBERS of the dental profession it has been clear for some time that a separate Division of Dental Health should be created in the United States Public Health Service and administered by a dentist. This would make possible a broad, nation-wide dental health program. Last October a step was taken in this direction when, following the suggestion of the National Health Program Committee, a resolution on the subject was unanimously adopted by the American Dental Association at Houston. In part the resolution read:

"The National Health Program Committee believes that the operation of a separate division for dentistry in the United States Public Health Service, with a dentist of the rank of assistant surgeon general at its head, would provide

leadership in this department of government for the improvement of the dental health of the nation. The Committee, therefore, recommends that the Board of Trustees instruct the proper personnel and committees to achieve this objective in the most effective manner possible."

This preliminary step is all to the good, but the present emergency has spotlighted the need for *immediate*, aggressive action. The fact that 188,000 men out of the first two million draftees examined were rejected for failure to meet the dental standards indicates that a national dental health program is long overdue.

Members of the dental profession know that these deficiencies could have been prevented by proper dental care given to all school children.

The fact that today's draftees did not receive such care as children is the result largely of lack of effective dental health educational programs. Dental conditions invariably show improvement in states and communities where dental health programs are in operation; but dental ill-health is a problem of such magnitude today that a program, national in scope, is required for its solution. The organization that logically should assume leadership in promoting this nationwide program is the United States Public Health Service.

Dentistry is Subordinated

The dental profession is dealing with a major health problem and, therefore, deserves a major position in any health organization; but the record shows that, in terms of personnel, funds, and administrative set-up, dentistry has thus far occupied a subordinate position in the United States Public Health Service.

The main subdivisions of a health department are separate divisions or bureaus. The dental profession feels that dentistry should constitute such a major unit of the United States Public Health Service. It is proposed, therefore, that a Dental Health Division of the United States Public Health Service be set up, which will include all dentists now employed under other divisions of the Service, and which will also increase its personnel in order to meet more adequately the immense dental health problem that America now faces.

A certain inconsistency is evi-

dent in the fact that the United States Public Health Service recommends that state health departments organize separate dental divisions administered by dentists, yet does not have one of its own. At present the Public Health Service consists of eight divisions, but in only four of them—Scientific Research, Mental Hygiene, Marine Hospitals, and States Relations—is some dental personnel included. Although the United States Public Health Service has hundreds of trained physicians and other persons actively working in other health fields, it employs only a few dentists in the promotion of dental health. It cannot be expected that anyone but a properly trained dentist can represent the profession and the people adequately in the promotion and administration of a program designed to protect the dental health of the American public. Administrators in the public health service have indicated a genuine interest in dental health problems, but hitherto, through no fault of their own, they have lacked the time and the information necessary for setting up and administering an adequate dental health program.

Dentistry also occupies a subordinate position financially. Out of every dollar spent by state health departments, only a little over 2½ cents¹ has been going into dental health programs. Also, much confusion arises because of the dual source of dental health funds. Federal money for dental health programs comes from two different

¹Average of figures from 34 states, 1938. United States Public Health Bulletin No. 251.



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U. S. Public Health Service, Washington, D. C.—In this building there should be a separate division for dental health service. (Photograph by George Lohr).

sources—some from Title VI of the Social Security Act, which is administered by the United States Public Health Service, and some from Title V, which is administered by the United States Children's Bureau. Funds from the latter source may not be used for the promotion of dental health among adults, with the exception of mothers. This restriction, which greatly confuses and retards both educational and reparative programs, would be obviated if the funds allotted for such programs in the individual states were wholly controlled and disbursed by a Dental Health Division of the United States Public Health Service.

In the present wartime emergency, the immediate task for the dental profession is the rehabilitation of the hundreds of thousands of young men who have been rejected for military service because of den-

tal defects. But unless the dental health program makes a point of providing protective dentistry—that is, placing restorations in the cavities of children's teeth—the children now growing up will suffer from as many dental deficiencies as the present generation of young people of military age. Thus the vicious cycle of neglect, loss of teeth, and expensive dental replacements for missing teeth will continue.

Surgeon General Comments

Doctor Thomas Parran, Surgeon General of the United States Public Health Service, has said, regarding this problem, "It would seem to me sensible, assuming that we cannot multiply by several times the number of dentists overnight, nor can we secure overnight tremendously increased expenditures on the part of the general popula-

tion for dental care . . . that we can do the best job under present knowledge of preventive dentistry by taking care of the annual crop of new dental defects, which appear in grade school children. In a relatively few years, even if only that were done, some of the old folks would have died and we would have raised a generation in this country of children later to become young adults and adults whose dental needs were met from the beginning at a total expenditure of the dentist's time and of the patient's money vastly less than now is being spent in trying to patch up the results of ten, twenty, or forty years of neglect."²

Admittedly, there are not enough dentists in this country or enough money available to take care of the immense backlog of dental defects that has piled up during the past decades. But if a start is made, for instance, with the present population of six-year-old children, and an intensive nation-wide program of protective dentistry is carried out under the leadership of the United States Public Health Service, the problem will be reduced year by year, and the cost of caring for accumulated defects and of providing the artificial replacements

made necessary by loss of teeth will be lessened materially.

Among the valuable effects of setting up a Dental Health Division in the United States Public Health Service would be the coordination of efforts now being made throughout the nation toward the promotion of dental health, the extension of dental health education, and a greatly increased impetus for dental research. Furthermore, with the statistical and scientific aids that would become available, means would be provided for measuring the relative effectiveness of various dental health programs—something which is seriously lacking at the present time.

Thus from many points of view it is desirable and expedient that the dental profession take action *at once* to promote the establishment of a Dental Health Division in the United States Public Health Service. To set up such a division will require congressional legislation. At present the stage is set for such a change. The American people have begun to realize that dental health is the responsibility, not of the dental profession alone, but of the whole nation. Its promotion should be the task of that branch of the national government, which is organized for the purpose of protecting the nation's health—the United States Public Health Service.

²"Dentistry as a Health Service," address given at the Dental Centenary Celebration, Baltimore, Maryland, March, 1940. Proceedings, Dental Centenary Celebration, pages 56-61.



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Doctor Posner and a group of soldiers he treated for jaw injuries.

ORAL SURGEON IN THE SPANISH WAR

*by John Jacob Posner, D.D.S.**

Almost every type of jaw injury that results from modern war was treated by Doctor Posner during six exciting months in the American Hospital in Spain

IT WAS THE spring of 1937. There were eleven of us in the group—ambulance drivers, nurses, and myself. We went on board the *Normandie* at New York and landed at Le Havre in France. The crossing was the fastest ever made and, having thus won the blue ribbon, the

captain set up cocktails for all on board.

We stayed overnight at a dingy waterfront hotel. In the morning the men went down to the ship to get the ambulance. We threw our baggage in on the stretchers, and were off to Paris. Here we remained for only a few days, putting our papers in order, and then, early one

*Consulting Oral Surgeon, Harlem Valley State Hospital, New York.

morning headed for Spain. There were four ambulances with but three drivers, so I secured an international driver's license, and took over the remaining ambulance. We stepped along at 70 miles an hour and sped down through the center of France.

Reaching the Pyrenees, which separate France from Spain, we crossed at Cebere to Port Bou over precipitous mountain roads, exactly like those you meet driving to Mexico City on the way from Laredo, Texas. The road led along the Mediterranean Coast. At Benicassim we remained overnight. This was a fashionable watering place, now a huge convalescent hospital.

On and on we went, stopping now at Barcelona, now at Valencia, finally turning off the highway at Tarancon, where we followed a narrow, dirt road leading to the courtyard of a group of white stone buildings. This was Villa Paz, summer estate of the cousin of King Alfonso and now the American Hospital in Spain. It was to be my home for six months.

My room on the ground floor opened onto the garden. The bed must have been designed by a man whose hobby was the building of collapsible fox traps. Up on the first floor was the space for jaw surgery. When I first entered the room set aside for this purpose, my heart sank. It was badly in need of paint, utterly bare, without a sign of equipment. The only redeeming feature was a generous window that looked out over the blue hills beyond. Adjacent to this room was a small bathroom. This, the nurse in-

formed me, was to be torn apart, the plumbing removed, and converted into an X-ray room.

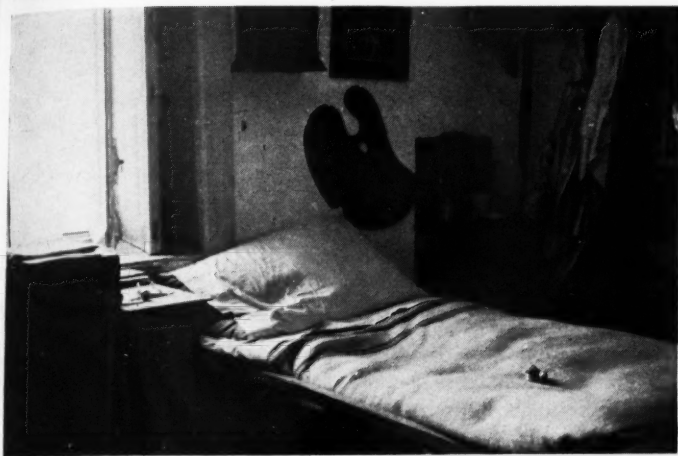
I went to work on the operating room, hurrying to get it into shape. With the aid of a couple of carpenters, won over with some old shoes and clothing, we proceeded to manufacture our equipment. We produced a six-foot table with a hinged cover. This cover leaned up against the wall when the table with its instruments was in use. Otherwise the lid would come down and cover all the instruments. Both the lid and table cover were wrapped in sterile sheets.

Then we needed an operating chair. I found an old, roomy one. Its antique legs were none too steady, so we reinforced them with "two by fours," and nailed one piece across the back, head high, to which I attached a small pillow. This served as my operating chair for three months. Later I used a flimsy X-ray chair, but it had a real headrest. The carpenters also made a primitive sort of cabinet and a smaller table to hold the sterilizers. There were two small Swedish Primus stoves, which operated on kerosene. Fortunately, I had brought with me a gallon of sterilizing solution, which proved invaluable.

On leaving New York I had dumped all my surgery instruments into a suitcase. This was especially fortunate for there was not even a pair of college pliers at the hospital. I had brought along plenty of needles, syringes, and procaine, you may be sure, and these were precious.

My first patient was a Pole, John

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This was Doctor Posner's bed in the American Hospital.

Pikarski. A machine-gun bullet had carried away the coronoid process on one side of his mandible. On opening and closing his mouth his jaw would swing to one side. I wired his jaws together for two weeks, at the end of which time his jaws worked perfectly. He was all gratitude, and had become so helpful around the hospital that he was kept on as handy man. He really was my devoted man "Friday."

John was practical. I was using an ancient Spanish oak chest for my supplies. It bore a priceless wrought-iron scroll and lock several hundred years old. One day I noticed that this lock was missing. John had removed it, thrown it away, and replaced it with a cheap ten-cent lock. "This one works better than the old one," he explained.

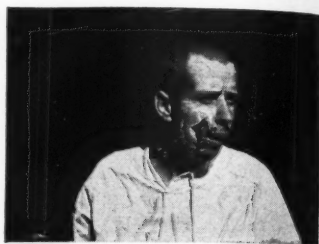
The cases were exciting and interesting. They varied from the neat, smooth drilled hole of a bul-

let to the shattered jaws caused by an explosive shell. In one instance I removed a slug of lead from the base of the tongue, where it had lodged after knocking out the anterior teeth. The slug was discovered by using a dental number 2 occlusal film in the same manner that you search for salivary calculus in the floor of the mouth. The strangest case was one in which I discovered and removed a wisdom tooth from a soldier's neck, just below the ear, forced there by a machine-gun bullet. The same missile had torn out all the teeth on that side and fractured the mandible.

One midnight a young Spaniard was brought in. Although he appeared to be dying he made it known that, unless his wife who had accompanied him from Madrid in the ambulance was permitted to remain in the hospital, he would not stay. We took them in.

His injuries were severe. An examination following a blood transfusion showed that he had three fractures of the maxilla, and three of the mandible. The soft tissues were so badly torn that you could look straight across through the openings in his cheeks. His wife never left his bedside. His chances appeared pretty slim, but he finally got well. Late the second night after his arrival he gave us a scare; I was awakened and told he was bleeding badly. I found that the entire roof of his mouth had fallen and was resting on his tongue. I shoved it back into place and had to hold it there under pressure. After a few hours everything was under control.

There were about forty jaw cases on hand most of the time. Many of the patients had other serious wounds besides mouth and jaw injuries. It was tough enough for these men to be wired, but worse still, we did not have the proper foods for a fracture diet. There was no fresh milk, eggs, butter, or nourishing soup. But one thing they did have; following a little careful scouting, I discovered a case of cocoa that had recently arrived from America. I gave John the high sign, and in no time at all the cocoa was registered in at my clinic. Then I "organized" a case of condensed milk. For some time thereafter every one of my patients, after wiring, irrigation, or dressing, was treated to a mug of hot cocoa. From then on it became a problem to keep the patients from showing up in a body the moment the doors of the clinic were opened.



Showing a soft tissue injury with fracture — a type of case treated frequently by Doctor Posner.

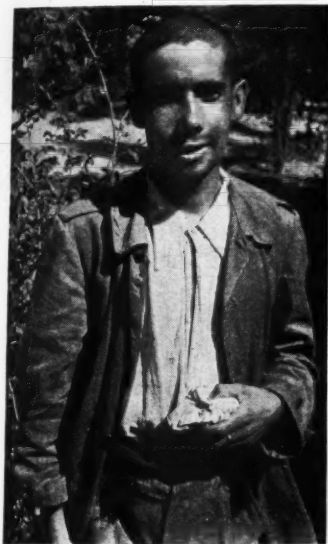
The news had spread through the countryside that one could have teeth extracted at the American Hospital at Villa Paz. Pretty soon I had a large out-patient department. Of course, all work was gratuitous yet I had an income of a sort. It consisted of cheese, fruit, wine, eggs, always something edible. One little fellow presented me with a pair of young partridges captured in the fields before they were strong enough to fly. I accepted them with thanks. That evening I carried them with me as I walked to a distant meadow. There I set them free.

From one farmer, for having removed an impacted tooth for his wife, I received a fine black sheep. I turned the animal over to Gomez, the cook. Gomez decided that he would fatten our prize for a few days. What a feast awaited us! On the evening of the third day the sheep was stolen.

Many distinguished visitors came to the hospital, among whom were Ernest Hemingway, H. V. Kaltenborn, Elliott Paul, and the Canadian scientist, Bethune, who instituted the blood bank. He died



A young Spaniard, brought in from Madrid, had fractures of the maxilla and mandible.



The same patient after six weeks in the American Hospital.

year 1926. On that occasion I was the guest of Count Florestin Aguilar, Dean of the Dental College and dentist to King Alfonso. Poor Aguilar, forced out when Alfonso abdicated, went to Paris. I saw him there in 1932, already blinded by a cataract, destined to die a few years later.

One evening we came into Madrid during a blackout. As we drove along the darkened streets we were challenged at short distances by fierce-looking men, heavily armed. We would yell "hospital," and wave our *salvo conducto*, without which you could not pass. We made our way to the steel and concrete telephone building, which had been hit 166 times by shells and had withstood it all. In fact, we got our call through, and I had the pleasure of speaking to New York City from Madrid.

The excitement, love, hate, sabotage, plotting, subversive political activity, and treason, at the hospital, are not part of this story. One night I was awakened by Captain Pitts, our Chief Surgeon. He whispered that Rudolfo, the administrator of the hospital, had been arrested in Valencia, charged with being a spy. At that very moment an agent of the secret police was going through his belongings at the hospital, looking for further evidence. We never saw Rudolfo again; later we heard that he had been shot.

Work went on at the hospital as before. Wiring of fractures was done just as soon as it was feasible. The first efforts often had to be directed to keeping the soldier alive. At the earliest opportunity, all com-

a year or two ago in China.

I went into Madrid quite often. On these occasions I would visit the hospitals, or stroll about the city. Since I had a special permit, I took many interesting pictures. Oddly enough, one of the hospitals was located in the same Palace Hotel at which I had stopped in the

pletely detached fragments of metal, bone, or teeth were removed from the wound. One rule was positive—not to remove any bone which was still attached to soft tissue. Such bone, put back in place, will often attach itself to healthy bone, act as stimulation for calcification, and aid in maintaining contour. Loose teeth were allowed to remain, unless hopelessly displaced or fractured, because such teeth will tighten up and become of great value as an aid to wiring. Metal particles, well-embedded, were allowed to remain, as they either stay where they are without complication, or are thrown off as they reach the surface. No surgical interference was indicated.

Because we had a large supply of argyrol on hand, we used it for irrigation of wounds. It proved extremely efficient. Today, of course, the sulfa drugs, such as sulfathiazole, are placed directly in wounds which are infected or where infection may be expected.

Local anesthesia proved ideal in jaw surgery. The mandibular injection is priceless for the handling of mandibular fractures and may be safely given on both sides at the same operation. For the maxilla, my suprapariosteal injection distinguished itself for its simplicity and depth of anesthesia.

The general rule is that a tooth in the line of fracture should be removed. It may remain in position for a few weeks, if needed for wiring, until fibrous union has taken place. The force of the fracture usually kills the pulp, and you have a dead tooth and infection, which

will interfere with healing. In one case I recall, in civil practice, three successive wirings failed to unite a fracture in the mid-line until both central incisors had been removed. Then the union was uneventful.

Hemorrhage is handled in virtually all cases by definite pressure. The wound is carefully washed out first with a warm bicarbonate solution. All old blood clot is picked off with a pair of college pliers. If the socket is extremely painful, then you should give a procaine injection. When the wound has been cleared and dried, pack it with half-inch iodoform gauze until full. Cover this with a square or two of gauze or ball of compressed cotton, and have the patient bite down hard. Keep watch to be sure that there are opposing teeth to do the job. Otherwise, press down with your finger. If the mandible is involved, support the jaw. Keep up the pressure for exactly ten minutes. It may be necessary to change the plain gauze, if there is extreme bleeding. Replace the gauze, allow the iodoform gauze to remain. A few of these ten-minute sessions always bring results. In the unusual case, the iodoform gauze may be first dipped in adrenalin, or tiger snake venom, before packing into the wound.

Almost all fractures are handled with eyelet intermaxillary wiring, using 26-gauge stainless steel. Soldiers are young men with plenty of teeth as a rule. Where only a few teeth remain and these are scattered about the mouth, an arch wire is indicated. This is heavy, half-round German silver wire, fitted to the dental arch. The upper and lower

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arches parallel each other, and fixation is obtained by wiring the two arches together.

Injury to the coronoid process or fracture of the neck of the condyle requires no surgical interference. The rule of restoring occlusion and letting the chips fall where they may holds true in these cases. They all get well. Simply wire for a few weeks.

Today we must think of jaw injuries in terms of our own troops. The war front is no longer Spain, Holland, Norway, or Poland. For them the war is over. This time it is our own country that struggles for its existence. In this fight we must all do our share. American dentists

have always enjoyed the reputation of being the world's finest. Let us now prove it by bringing help adequately and promptly to wounded soldiers and civilians. When the call comes to each dentist, he must be ready. This means a knowledge of first aid, minor oral surgery, local anesthesia and the treatment of jaw injuries. The dentist is a natural surgeon. He has a pair of practical hands and needs only a little training and study to supply an invaluable army of helpers at the side of his medical colleagues. That is how dentistry can help in winning the war.

200 West 57th Street
New York City

IMPORTANT CAREERS END ON SAME DAY

TWO PROMINENT DENTISTS, one a Catholic priest of Toronto and the other a civic leader of Los Angeles, died on May fourteenth. Reverend William E. Cummer, 62, widely known in Canada and the United States as a dental lecturer, editor, author, musician, and the dean emeritus of the School of Dentistry of the University of Detroit, died suddenly in Toronto. A convert to the Catholic Church in 1917, Doctor Cummer, following the death of his wife in 1931, entered the Basilian Novitiate, and in June, 1938, was ordained at Saint Michael's Cathedral in Toronto. The story of Doctor Cummer's unusual career, under the title "Eminent Dentist Becomes a Priest" appeared in the August, 1938, issue of ORAL HYGIENE.

In the death of Doctor John P. Buckley at 68, Los Angeles lost one of its outstanding civic leaders as well as a successful dentist. A native of Indiana, Doctor Buckley practiced dentistry and was a dental instructor in Chicago before going to California in 1919. During the twenty years he lived in Hollywood, Doctor Buckley held many positions of public trust. Civic distinctions won by him were described in his biographic sketch, "The Most Courageous Citizen of Los Angeles," published in November, 1936, ORAL HYGIENE. Doctor Buckley was a former president of the American Dental Association and the author of a number of authoritative books on dentistry.

New Rulings on Army Commissions

Commissions for 1942 Graduates: A communication from Brigadier General R. H. Mills, new chief of the Army Dental Corps, clarifies a point about the granting of commissions to 1942 graduates about which there has been much confusion. He states specifically that the revised regulations authorize a waiver both of state license and actual dental practice experience for graduates of approved dental schools, if application for appointment for a commission is made within one year after graduation, while undergoing appropriate postgraduate instruction or serving a dental internship. However, General Mills makes this recommendation:

"It is believed advisable that those who apply for a commission should also take their state board examination for the reason that, if they are accepted for active duty, the period of their Army service is uncertain and, they are, no doubt, better qualified to pass the theoretical part of the examination immediately after graduation than they would be after an indefinite period of time."

A certificate from the Dean, given under the seal of the college, that the student will graduate will be accepted in lieu of a diploma immediately upon graduation. General Mills points out also that a physical examination is good for ninety days, so that students need not wait until they actually graduate before filing an application for a commission.

* * *

Dental Students Eligible for Commissions: Under a new ruling of the War Department, dated April seventeenth, dental students may now be admitted to the Medical Administrative Corps of the United States Army with a commission as Second Lieutenant. Applications, character references, and other data about the students are to be forwarded by the Dean of the dental college to the Commanding General of the Army Corps Area in which the college is located.

Terms of this ruling clearly set forth that every physically qualified dental student may now obtain a commission, since the order specifically states that appointments will be made without reference to procurement objectives or to the local examining board. Thus each student has his choice of either the Ensign HV-P commission of the Navy or the M.A.C. commission of the Army.

* * *

Latest Ruling: At this time, May 5, 1942, appointments in the Dental Corps, Army of the United States, are open to qualified dentists not over 37 years of age and to all those who have been placed in Class 1A by their local induction boards.

NO TIRES FOR DENTISTS

by Edward H. Toler,
D.D.S.

Are dentists in general practice entitled to priority ratings for tires and supplies?

RECENT RESTRICTIONS on the purchase of new tires found many members of the dental profession "caught short." Four generously-used tires and a dilapidated spare caused me to rush frantically to the nearest retreading company. Upon being informed that well-retreaded tires offered thousands of miles of service, I hopefully left two of my old ones. Some weeks later, after many visits and telephone calls, the rubber company kindly returned the tires just as I had left them. They had not been touched.

Next I went to a small retail tire company owned by a friend.

"What do you want with retreads, Doc? Let me sell you some new rubber." And rocking the desk with a heavy fist, "You're a doctor, aren't you?"

"Well-a-a," I said, hesitatingly, and then with more front, "sure, sure, of course I'm a doctor."

"What's holding us up then?" yelled the dealer, fired with the novelty of making a sale. "Let's go."

The next morning found a mem-



"The rationing board says, 'No.'"

ber of the Tire Rationing Board telling me that I was not a doctor. I was *only* a dentist.

"But look here, my degree D.D.S.—Doctor of Dental Surgery—See! It says *doctor*. You call me 'Doctor,' don't you? Everybody does. Of course I'm a doctor."

Then he shoved the application close enough for me to read. "Physicians, surgeons, nurses and veterinarians."

The word "surgeon" plunged at me. There it was. I had him. "Look, Mr. Blank, 'Surgeons.' That's what I do. I practice oral surgery. I am a surgeon."

This gave my case a new aspect. The board member settled back in his chair and listened respectfully to my plea.

He was told that dental oral surgery included all types of surgical operations about the mouth and jaws, such as the removal of cysts,

removal of foreign bodies, treatment of broken jaws, dislocated jaws, and infections of the mouth and jaws. Mr. Blank found it easy to comprehend that, after operations, patients are often disinclined to leave their homes for a few days because of discomfort or perhaps inclement weather. Likewise, there was no disputing the fact that, under these circumstances, the oral surgeon must visit the patient.

Any fool could see (and the board member was highly intelligent) that an oral surgeon might be called to an accident in the dead of the night. In the case of hemorrhage prompt treatment could save a life.

Because of the reasons stated and many others, our friend was persuaded that it was essential for one engaged in the practice of oral surgery to make house calls, emergency calls, and hospital calls, that it was necessary for the oral surgeon to drive his car to the office daily and to have it always available for use.

"Yes," remarked Mr. Blank, thoughtfully, "you appear to be entitled to new tires. Make out an application. We'll try to put it through."

The application was filled in and filed with the Board. A few days later the tire dealer was notified that the application had been turned down because of a technicality. Here, in substance, is the technicality: Is a man who removes a cyst from the jaw a surgeon or must one remove a cyst from the toe or some other part of the anatomy? Are we doctors when we save a life by ar-

resting a hemorrhage within the oral cavity or must we plug up a bloody nose to be doctors in fact as well as name?

I was told by the tire dealer that my application had been referred to the legal department in our state capital and from there back to the legal department of the rationing board. In any event it was before this department that I next appeared. I made a personal call on the legal department and the attorney showed me a wire that had been sent to Washington. The message simply stated that in some cases oral surgeons had the degree of D.D.S. rather than M.D. Could tires be rationed to these individuals?

Some ten days later in a conversation with a member of the rationing board I received my answer. I learned what I had suspected all along—a dentist is not entitled to new tires even if qualified to remove an eye. He is not entitled to tires no matter how many health services he may be rendering in various civilian defense units sponsored by the government. Thus ended the quest for tires.

Dentistry is continually referred to as a health service. And it is. There are numerous reasons for dentists being given priority rating along with "physicians, surgeons, nurses and veterinarians." Thousands of dentists, especially in the smaller towns, perform all of the services rendered by those who call themselves "oral surgeons" or "exodontists." It is as necessary for them to have tires as it is for the specialist. There are innumerable dentists who practice in the city but

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live in the country. Their personal cars are the only means of transportation to the office in which those duties so vital to the health of the nation are performed.

At the time I made application osteopaths were not given priority. But they are now. The osteopaths put up a real fight and won.

Just where does dentistry rank as a profession needed in the maintenance of America's health?—evidently not with the "physicians, surgeons, nurses and veterinarians."

Obviously, failure of the dental profession to obtain recognition by the tire rationing board goes much deeper than rubber for our cars. This is only the beginning. The same erroneous reasoning that is now eliminating dentists from tire

priority rating will later deprive them of oil, gasoline, batteries, and other essential items. It will go further and deprive them of the materials necessary for dental operations. If dentistry does not fight there is the ever-present danger of having fees fixed by administrative decree, of being told when to open and close offices, when to take holidays, and an endless chain of bureaucratic restrictions of personal liberty.

It is up to dentists to safeguard their professional standing by writing and wiring their congressmen in an effort to obtain fair priority ratings for tires and supplies necessary in the conduct of a general practice.

1312 Waldheim Building
Kansas City, Missouri

JAP TOOTHBRUSHES CLEAN U.S. RIFLES

A PRODUCT, "made in Japan," is being used by the soldiers at Camp Roberts, California, to clean their rifles. A San Francisco dentist, hearing of the need for old toothbrushes to clean rifles, sent several dozen new ones, which he had ordered a few years ago from Japan, to be used in caring for the rifles that may some day be turned on the Japs.

DENTAL SUPPLIES FOR CHINA REACH INDIA

A CONSIGNMENT of dental and surgical equipment valued at \$12,000, including 2,000 dental instruments, has reached India in the care of Doctor R. Gordon Agnew, professor of research pathology at the West China Union University in Chengtu. Doctor Agnew, who was interviewed by ORAL HYGIENE at the Chicago Midwinter Meeting in 1941,¹ obtained the instruments from the Medical and Surgical Relief Committee of America for use at the University. In the clinic at Chengtu, Doctor Agnew serves soldiers and civilians in addition to his teaching duties.

¹Dental Pioneers Return from China, ORAL HYGIENE 31:451 (April) 1941; Dentists to Chiang Kai-sheks Visit Chicago, ORAL HYGIENE 31:603 (May) 1941.



General George C. Marshall (left) and Lieutenant Colonel James P. Hollers (right).

Reserve Officers Association Disbands

ON THE TWENTIETH anniversary of its organization and with 85,000 of its 120,000 members already called to active service, the Reserve Officers Association was disbanded for the duration of the war. At a dinner given January tenth in Washington, D. C., which marked the temporary demise of the Association, General George C. Marshall, Chief of Staff of the United States Army, was presented with a framed token of thanks and assured of the allegiance of the Reserve Officers

by Lieutenant Colonel James P. Hollers, San Antonio dentist, who has been president of the Association. The accompanying photograph showing this event was taken by a member of the U. S. Army Signal Corps in the Hall of Nations, Hotel Washington. Both General Marshall and Colonel Hollers expressed the hope that it would not be long before the Reserve Officers Association could be reorganized and started again.

Colonel Hollers, who is the first

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dentist to head this organization, is a graduate of Tulane University Dental College and has practiced dentistry for the past twelve years in San Antonio, Texas. He began his military career at the age of 18 when he enlisted in the first World

War, and participated in its major battles for twenty-eight months, including eight months of service with the American Army of Occupation in Germany. He is again on active duty with the Army of the United States.

Dental Meeting Dates

Pan-Tennessee Dental Association, ninth annual convention, Knoxville, June 16-18.

Wyoming State Dental Association, twenty-seventh annual meeting, Laramie, June 21-24.

National Dental Association, twenty-ninth annual meeting, Meharry Dental College, Nashville, Tennessee, August 10-14.

American Dental Association, eighty-fourth annual meeting, Boston, Massachusetts, August 24-28.

Montreal Dental Club, eighteenth annual Fall Clinic, Mount Royal Hotel, Montreal, September 23-25.

Odontological Society of Western Pennsylvania, sixty-first annual meeting, William Penn Hotel, Pittsburgh, November 3-5.

The Cover

ORAL HYGIENE's cover this month is dedicated to the forthcoming Boston meeting of the American Dental Association, to be held there August 24-28. The photograph is of the Old Park Street Church on the Green, which was erected in 1810. "America" was first sung there. The photograph was taken by Clarence Purchase.

Speaking as a Patient—

My dentist has a battery of lights that would serve our air force well—but it is attached to his unit. Seated in the dental chair, these lights being directed at my mouth (and striking my eyes), I am too vividly reminded of "third degree" movies I have seen. Surely these lights are controllable, or they would not be marketed as practical.

This is YOUR Business

Conducted by Peter T. Swanish, Ph.D.

This department is conducted by a trained economist. Dentists are encouraged to address Peter T. Swanish, Ph.D., and ask for authoritative advice on their economic and business problems, similar to the way they have, for many years, sought counsel from the ASK ORAL HYGIENE department.

THE PHILOSOPHY and the practical features of the plan for the protection of dental practices that is in operation in Great Britain should inspire concern in this country. This plan is certainly full of vital subject matter for discussion now.

It is a scheme "for mutual protection and preservation of the practice of any dental practitioner who may be engaged in wholtime national service," and for the purpose of "ensuring so far as possible a continuance of adequate private dental service to the public in time of national emergency."

Mutual aid to help meet the commoner hazards of life, say, sickness, invalidity and death, assumed the form of friendly societies in England. Such societies have a long ancestry. Ancient Greece and Rome knew clubs of artisans whose purpose was to foster friendship and to assure material help in time of need. The important thing about the plan is not that some of its features are of long lineage—every

institution bears the "vestigial" impress of a usage which is gone, even the useless buttons on an ordinary coat sleeve—but that its inspiration and philosophy stem from the minds and hearts of dentists. It is a plan of, for, and by dentists.

It is free of any governmental compulsion. The plan was not tailored and then handed down to dentists by an omnipresent instrumentality of government. It is the work of dental members of the British Central Dental Emergency Committee.

The British scheme is of the nature of a gentleman's agreement. It is unlike the plan introduced in France in 1940. There, it will be recalled, it was an offense to commence any new medical or dental practice except by authority from the Prefect of the Department. Practices opened after the war started were to have been allowed to continue after the cessation of hostilities only by permission of this authority.

There is not even a faint shadow of the reformer discernible in the substance of the plan.

Dentists know that every practice is in a state of change even in normal times. Old patients pass away, others change their addresses, and new patients arrive. A practitioner on service is, therefore, sure to find upon his return that his "practice has suffered some measure of attrition, which he has not had an opportunity of repairing, so that it is all the more important to him that he should have a solid foundation on which to build." The British plan endeavors to make real the benevolent desire of dental colleagues that no patient shall be lost to any practitioner because of his absence on national service.

Toward this end, dental practitioners in an area enter into an agreement that they will not attend the patients of an "absentee" except on certain terms. An "absentee practitioner" is "one who is removed from practice by the exigencies of a national emergency and the reason for whose absence has been accepted."

"Acting practitioners," those engaged in practice within the area of the scheme and who have signified assent to its terms, then agree to refuse to accept on their own behalf, patients of an "absentee" until the lapse of one year from the "absentee's" return. They also agree that in the event of death or permanent incapacity of the "absentee" an acting practitioner will continue to attend an absentee's patients for a period of one year or

"until the appointment of a successor or *locum tenens*, whichever period is the shorter, and will refuse to accept such patients on his own behalf until the expiry of one year from such time."

There is a proviso in the plan, which acknowledges the patient's prerogative to choose his own dentist. It says in effect that if any patient, during the absence or after the return, death, or permanent disability of the "absentee," and after the scheme has been explained to him or her, insists that he or she did not intend to re-employ the "absentee" and signs a statement to that effect, then the treatment of such a patient and the receipt of fees by the "acting practitioner" is not considered a breach of the agreement.

The root idea of the plan is thus plain. It is to protect the good-will factor of practices of "absentee practitioners" until peace returns. As for the physical property element of a practice, if its value is over a thousand pounds, a practitioner must insure under the War Damage Act. If the total value of the equipment is less than this amount, its insurance is a voluntary matter. Dental Insurance Committees assist in the administration of this Act.

A committee of not less than three or more than six administers the scheme. The committee is made up of the members of the profession and is elected at a meeting of all acting practitioners and signers of the agreement, and the "legal representatives," that is, "a registered dental practitioner or other person

who has been legally appointed by the absentee practitioner to receive moneys, sign documents, and generally to safeguard his interests." Sub-committees assist in the enforcement of the agreement on behalf of its subscribers.

The agreement between the practitioner taking part in the communal scheme and the Committee, vests the latter with enough authority to carry out the plan. Thus,

"We and each of us hereby assent to and approve the said scheme . . . and undertake and oblige ourselves to observe and carry out the whole terms and conditions thereof; and

"We empower the Committee appointed . . . to take such action on our behalf or otherwise as they or a majority of them may consider necessary or desirable in order to carry out . . . the scheme."

When a patient appears in a dentist's office for the first time, the practitioner asks the name of the "family dentist"; that is, the practitioner who usually attended the patient. If the name is that of an absentee practitioner, the acting dentist explains the nature of the scheme and tells the patient that he will attend only on the absentee's behalf. If the patient has no "family dentist," he or she is, of course, regarded as the patient of the "acting" practitioner. The latter displays in his office a notice, which says in so many words that, during the absence of a dentist on service, the patients of an "absentee" will be attended by a home practitioner in the neighborhood, and that upon return of the absentee, the patient

will be expected to go to him for treatment or advice.

For the benefit of the absentee, fees are on a cash basis. The method of assessment of fees is explained in Section 5 of the plan. Thus, "the income from the practice of the absentee practitioner shall be taken to be the actual cash receipts for the service rendered by the acting practitioner(s) on behalf of the absentee and the division of such moneys shall be in the proportion of three quarters to the practitioner rendering the service and one quarter to the absentee practitioner. This proviso shall apply to all kinds of professional service." Any questions as to amounts payable, or any other matter *inter partes* are referred to the Committee whose decision is binding on all parties concerned.

The financial administration of the plan is placed in a Bureau created by the Committee. The Bureau supplies the acting practitioners who attend the patients or "absentees" with record cards. These show dates of attendance, treatment, visits, and other details of professional service and fees received.

The acting practitioner collects the fees and sends them on with the appropriate cards to the Bureau on the twenty-fifth of each month. The fees are apportioned in the ratio previously mentioned between the absentee and acting practitioner, after deduction of an approved percentage for costs of Bureau operation and expenses of the Committee. On or about the first of the month, the Bureau forwards the fees so apportioned to the acting practitioner

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and to the legal representative of the "absentee."

the dentists and their profession: It is *your* business.

The problem and the philosophy behind the plan is the business of

6827 Glenwood Avenue
Chicago, Illinois

DO HALF OF FACTORY WORKERS HAVE DENTAL DEFECTS?

A SIX-WEEK survey in a Rockford, Illinois, industrial factory, conducted by Doctor Charles U. Hillweg, reveals that 50 per cent of America's factory workers have defective teeth, if the first results of the survey can be considered a criterion.

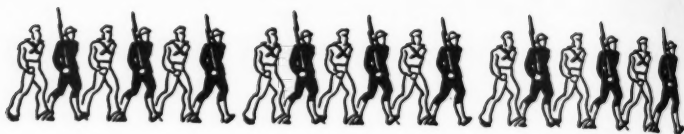
The survey, part of a program to have workers correct dental defects before their health becomes impaired and their efficiency lowered, is being sponsored by the Winnebago County dental society. Data derived from examination of more than a thousand company employees will be used to compile statistics, which can be used as a basis for a national program. Plans are now being made in Rockford to follow up on all examinations, and the additional reports will be turned over to the local and national dental societies.

Although most of the dental defects being found by Doctor Hillweg are minor in character, they could be a contributing factor to poor health and thus, to decreased production and efficiency. Should this survey, which consists of a full mouth X-ray and oral examination, reduce only a fraction the amount of time lost to production through ill health, the survey is playing a large part in our national defense effort.

Each worker is called in for a conference, and if any defects are found, he is advised to consult his own dentist, and the X-rays and charts are sent to the dentist as an aid to him in his service. Each man is told the dangers of dental neglect, as an effort is made to stress the value of regular visits to the dentist. Only a third of those workers examined make regular visits to the dentist—and the dentists are partly at fault for this as they do not send out regular recall notices.

It is imperative, now, under war-time conditions, that dental health be emphasized as a national defense factor in all industrial plants.





Military and Defense News

Hospitals Sponsor Medical Units: Many of the larger civilian hospitals have sponsored medical units for war service. In nearly all these units there are dental officers. The status of these units is explained by the *Journal of the American Medical Association*:

"Over two years ago the Surgeon General of the Army was granted authority to form certain general, evacuation, and surgical hospitals as sponsored units of medical schools or large civilian hospitals. These were called "affiliated units" and were given numbers which, in many instances, corresponded to numbers of similar organizations sponsored during the first world war.

"Specific tables of organization were drawn up for these hospitals, and the sponsoring institution was directed to fill the positions from among individuals connected with the institution. Physicians who were recommended were given 'affiliated' commissions in the grades set up in the table for the positions they were to occupy. These officers are for duty only with the organization in which they are commissioned. Many have requested active duty prior to the calling out of the unit, and this has been granted, with the understanding that they will be returned to their units as soon as these units are activated.

"Some misunderstanding has occurred among reserve officers as to the reason for commissioning these affiliated officers in higher grades than they themselves

hold in the reserve corps. Information from the Office of the Surgeon General indicates that the 'affiliated' officer is commissioned to perform a specific duty in his unit, the grade is fixed, and he will remain with the unit. He can be promoted only in the unit if a vacancy occurs in a higher grade and he can qualify for the position."



Prepare for War Displacements:

Upon the recommendation of its Committee on Military Affairs, the First District Dental Society of New York has requested its membership to prepare to aid dentists who are deprived of their offices through the destructive process of war. Every dentist, who has more than one operating room and is willing to volunteer space to a fellow practitioner who might be deprived of his office by the hazards of war, is asked to send his name and address with a brief description of the space he has available to the headquarters of the Society. This information will be placed in the files to be used only in the event of an emergency.



Fee Splitting Permissible Now:

Contrary to the attitude in peace-time, fee splitting is not frowned on with respect to dentists in service. The Ethics

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Committee of the First District Dental Society of New York has recommended that, during this emergency, it be considered ethical for a dentist entering the service and the dentist he selects to replace him to divide all collected fees on the referred work on a basis previously agreed upon. They offer these suggestions as an aid in the preparation of the agreement; Doctor A, being the dentist entering military service and Doctor B, the substituting dentist:

1. The agreement entered into by Doctors A and B should be in writing and preferably prepared by an attorney.
2. In view of the difference of overhead in different sections of the city, as well as the variation in fees, it is impossible to set arbitrarily a proper division of the fees, but it is recommended that whatever basis is agreed upon by the parties concerned should be incorporated in the agreement.
3. As the patient has always the right of free choice of dentist, this agreement is only effective if Doctor A's patient goes to Doctor B.
4. It is advisable for the man going into service to select, as his substitute, a dentist having approximately the same ability and fee scale.
5. If a patient of Doctor A's, after having gone to Doctor B, recommends any patient to Doctor B, it is suggested that Doctor B refer this patient to Doctor A.
6. The agreement should include specific mention of method and time of payments connected with this arrangement and Doctor B is to make every effort to collect the fees.
7. It is suggested that, wherever possible, the service be given in Doctor B's office and not in Doctor A's.
8. It is recommended that both Doctor A and Doctor B protect themselves by carrying malpractice insurance.

The sub-committee of the Military Affairs Committee is to continue to act

as an arbitration committee in matters and disputes connected with these agreements.



U. S. Protects Dentists on

Leases: A dentist, who instead of waiting to be drafted, applied for a commission in the Dental Corps on the advice of the American Dental Association, has a 1944 office lease. After obtaining his commission, he called his real-estate agent who threatened to hold him to his lease. Assuring this dentist of the assistance of his government, the Home Front Editor of the *Pittsburgh Press* passes on to him this advice from federal officials:

"You can do one of two things: Go to Common Pleas Court yourself and ask that you be released from the terms of the lease because you're entering service; or wait until your real-estate agent institutes proceedings against you, at which time the court will appoint an attorney to represent your interests.

"Whether you were drafted or enlisted voluntarily makes no difference . . . The real-estate agent, under the law, cannot dispossess you and seize your office equipment or other property without court permission. If he does, he's subject to \$1000 fine and a year in jail.

"If he should institute proceedings against you after you've entered the Army, the court is empowered to halt the case for the duration of the war. If the case is permitted to proceed, the court will appoint a lawyer to safeguard your interests.

"In such event, the court could make any disposition that it deems 'equitable,' but your real-estate agent in all likelihood would have to post bond to compensate you for any damage which you might incur as a result of his suit and to remunerate you in the event you reopen the case after your return from service and have the verdict set aside."

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

MANPOWER FOR WARPOWER

WE HEAR ABOUT manpower winning the war. We are told that it requires eight to ten active producers at home to keep one fighting man in the field. Recently a War Manpower Commission has been established by the President. From this pool men will be drawn as needed in war industry. The medical professions have a separate pool. The Procurement and Assignment Service is a central clearing house from which physicians, dentists, and veterinarians will be assigned to meet the military and civilian needs of the future.

Many dentists were in a quandary after receiving the Procurement and Assignment enrollment forms. They did not know exactly what was expected from them. They were confused by some of the non-military categories of service for which they were asked to express a preference. Members of our profession have been particularly prompt to volunteer for military duty, and unquestionably most of the men who signed the Procurement and Assignment forms expressed their preference for service in the Army and Navy Dental Corps. But only the younger and the physically fit will be called for active duty. The older men will fit into some of the vacancies created by the younger dentists entering the Army and the Navy. Some of the vacancies will exist in private practice, and it will mean a shifting of patients to other dentists. There will also be cases that will require the shifting of dentists to other communities to fill vacancies created. Such changes will be entirely voluntary on the part of the dentist and will not be by compulsion of any governmental agency. There will be the loss of young dentists from non-military governmental service, such as local and state health departments, state hospitals, and similar institutions. These vacancies will be filled by older men. Although comparatively few dentists are currently employed in the medical departments of large industrial organizations, there will probably be an increased demand for this type of service as a measure to increase the physical well-being of the producers of essential war materials. These demands for dentists in industry are likewise being filled by the older dentists.

No dentist can afford not to sign up with the Procurement and Assign-

ment Service. Whoever fails to express his preference for some form of service is a slacker and an evader. It is as important that the older men sign as it is that the younger dentists enroll. The functioning of the older men in the place of younger men is just as important to the war effort as if they had been called to active duty. This is everybody's war regardless of age or sex. There should be no distinction whatever between the recognition given the men who volunteer for military duty and those who volunteer to serve at home in the important non-military health capacities. No distinction between these groups should extend after the war years. It would be distinctly unfair if discrimination were made between the groups that serve actively in the field and those who serve effectively at home. Anybody serving in any capacity under governmental order and control should, in future years, be considered a veteran of this War of Survival. It is important that this issue be clearly defined now to prevent future disappointments.

We can be certain that the assignments of professional personnel will be made on the basis of age, professional qualifications, and physical conditions. Young men of military age cannot expect that a stated preference for civilian practice will be accepted if the armed forces are in need of dentists. Neither can patriotic older dentists beyond the military age expect calls for active duty until the rolls of eligible younger men are exhausted. It is safe to predict that first calls for active military duty will be made upon the dentists under age 36, and those without dependents will naturally be called first. It is also a prediction that assignments for non-military dental duties will be made from the ranks of dentists above the age of 45. The age group between 36 and 45 likely will be kept as a reservoir to be drawn from for both military and non-military needs.

Although the Procurement and Assignment Service is a voluntary agency, it is such because the government expects the complete and honest cooperation of professional men. If the response is not prompt, complete, and satisfactory, the government will execute compulsory measures for the recruitment of professional personnel.

Edmund J. Ryan



Dear Oral Hygiene

Unpaid Accounts

Referring to the recent article, "Take a Tax Look,"¹ printed in ORAL HYGIENE, I offer the following suggestion, which will be of benefit to any dentist in active practice. It will serve as a guide to measure his progress in effective collection methods and will also minimize the tax problem with reference to his unpaid accounts at his decease.

Set up a control in dollars and cents to establish a monthly balance of unpaid accounts, as reflected by the records. To start this, make a list of all unpaid accounts, in detail, and use the total amount of this list as the beginning figure of the so-called "Control." At the end of the month the total of charges less discounts, as reflected by the day sheets, would be added to the total of unpaid accounts. Then subtract the total receipts, designated as professional, for the month, and the result is the new balance in the control account representing the unpaid accounts for the beginning of the next month. This is commonly known as a Master Control Account in accounting terms. If a trial balance is taken periodically, it should balance with the total in the control account, as of a corresponding date.

The next step is to enter a bad account on the day sheets as a credit, and post to the control account as well as to the individual patient's record card, with the explanation of the reason for the charge-off. The record card should be withdrawn, if the account is entirely closed, and transferred to the dead-case file. This prevents the carrying of worthless accounts during the life of the dentist, as it is obvious that the administrator of the estate would not be familiar with the case and could not determine its worthlessness.

At the same time, the total of the control account should be compared every month with the average monthly charges, and if the total in the control account is more than two times the monthly average, the collection methods should be investigated as this is a sign of inferior collection methods.—M. JULES KING, 209 Chemical Building, Saint Louis, Missouri.

Courtesy to Patients

In reading the April issue of ORAL HYGIENE, I noticed an article by Doctor Hospers called, "Spit Out Please."

This was, no doubt, written strictly for humor, but I remember writing to Mass several years ago when this same subject was introduced into your pages, as a serious matter, regarding what to

¹Johnson, O. F.: Take a Tax Look, ORAL HYGIENE 32:328 (March) 1942.

say to a patient. On that occasion I wrote to Mass and told him that for fifteen years I have been telling dentists to say: "Empty the mouth, please."—JAMES ROBINSON, 1900 West Kinzie Street, Chicago, Illinois.

Dentists' Wives

I read your magazine whenever I have a few minutes to spare in the office. It is a very interesting and informative publication.

My reason for writing this letter, however, is to express an opinion on the article "Speaking of Dentists' Wives."² I have no doubt that there are many such dentists' wives as portrayed by Dian Gardner. But, on the other hand, I

would like to tell you how my dentist's wife conducts herself in relation to the office. To begin with, she rarely visits or telephones the office. (Not that I wouldn't enjoy her more often.) When she does, she never finds fault with anyone or anything. In fact, it is quite the opposite, she always has something to say that brings a smile or a downright good laugh. Then, too, she has many words of praise, spoken in real sincerity, I know.

She is, I suppose, a little unusual, being so perfect a dentist's wife, but I am sure there are many other wives who would very nearly come up to her standards.

Now, I feel better for writing, this, although I did appreciate the fact that the article was perhaps written in jest.—DOROTHY LOBAN, 2000 East Main Street, Ventura, California.

²Dian Gardner: Speaking of Dentists' Wives, *ORAL HYGIENE* 32:325 (March) 1942.

DENTISTRY HAS A RÔLE IN CIVILIAN DEFENSE*

THE OFFICE OF Civilian Defense, realizing the importance of the dental profession in the life of the people of the United States, expects the dentist to take an important part in civilian defense in time of emergency. The dentist, by virtue of his training and status, is equipped to take his place beside the medical officer in the performance of special duties arising out of the national problem.

The dentist has the opportunity to disseminate instruction to his patients and community. It is his responsibility to caution civilians that removable bridgework should be removed from the mouth during black-outs and air raids as small bridges can easily be aspirated and large restorations and dentures can be considered a potential secondary projectile in a head injury.

*The Dentist in Civilian Defense, American Dental Association, Bulletin Number 1.





DENTISTS IN THE NEWS

Oakland (California) Post-Enquirer: Relatives in the United States heard in a broadcast from Tokio Radio a message from Doctor Stanley C. McNulty, 32, California dentist, who was captured at Guam. The message was addressed to his mother, Mrs. R. A. Fairchild, 2738 Regent Street, Berkeley, and to his wife, Mrs. Donna McNulty living in Yreka. In part the message said:

"We are treated very well and are in good health. We were captured on December 14 and left Guam the following Thursday. We spent one week in the military prison camp in southern Japan and were then sent to Kobe as interned civilians."

Doctor McNulty had lived at Guam four years prior to the outbreak of the war. His wife and three sons, one five years and the others, three-year-old twins, were evacuated last July.

Cleveland (Ohio) Press: Two hundred and fifty dentists, all members of the Cleveland Dental Association, have completed their 33-hour training course at the City Hospital and are now qualified Red Cross first-aid instructors. Early in January Doctor T. S. Malson,

president of the Association, approached civilian defense officials and asked: "How can our services best fit into your program?" Told that instructors were needed for air raid wardens, he sent out a call for volunteers. Three-fourths of these trained dentists are already teaching civilian defense classes, some meeting as many as five groups a week.

Winnipeg (Canada) Free Press: If Sergeant Henry B. Mahoney of the U. S. Army ever gets to Ireland with the American troops, he will find his teeth



already there. The War Department mailed his new dentures to Northern Ireland, but at the last minute Sergeant Mahoney was kept in the United States.

Detroit (Michigan) Free Press: At the suggestion of Doctor Clarence J. Wright, retiring president of the Michi-

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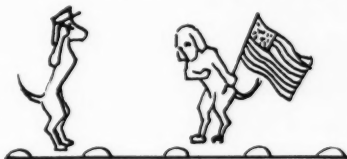
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gan State Dental Society, the Women's Auxiliary of the Society voted to undertake the collection of amalgam scrap in dental offices and turn the money raised into the Dental Relief Fund. Doctor Wright pointed out that the individual dentist usually discards the bits of amalgam, which are left over in his office, but if the wives of dentists, acting through a central agency, such as the Auxiliary, make a constant effort to keep this scrap collected, it would net a surprising sum at the end of the year as well as conserving essential dental materials.

Chicago (Illinois) Fortnightly Review: Doctor Benjamin S. Partridge has had the same dental assistant for thirty-three years. Miss Florence Brown started her thirty-fourth year as Doctor Partridge's assistant on April first. He wonders if any other dentist can match this record.

Wooster (Massachusetts) Daily Record: Playing before a capacity house of 600 in the Dalton High School Auditorium, Don and King, the educated Great Danes of Lee L. De Arment, a den-



tist, earned \$264. Entire proceeds of the entertainment will go to the Wayne County chapter of the Red Cross. This is the first of a series of entertainments that Doctor De Arment plans to have Don and King give for Red Cross benefits. Among other feats, these dogs can distinguish flags of different countries and King, when asked which he prefers, trots proudly in with the flag of the United States.

Awards for stories submitted to DENTISTS IN THE NEWS go this month

to:

ELMER E. HENRY, D.D.S., 1916 East Dauphin Street. Philadelphia.

HOWARD ALEXANDER, D.D.S., 1305 East 63rd Street. Chicago.

AARON PIERCE, Box 109, Benito. Manitoba. Canada.

Mrs. J. W. WARD, P. O. Box 225, Franklin. Tennessee.

CAN YOU USE A DOLLAR?

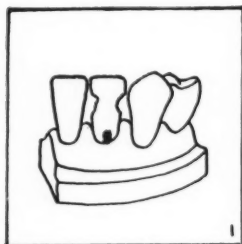
TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in this department, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted, cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

TECHNIQUE OF THE MONTH

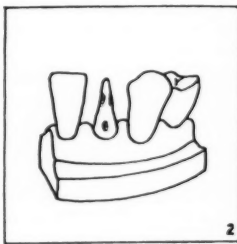
Conducted by W. EARLE CRAIG, D.D.S.

A Method of Restoring a Badly Decayed Lower Anterior Tooth by Charles S. Cuden, D.D.S.

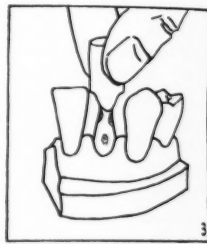
Drawings by Dorothy Sterling



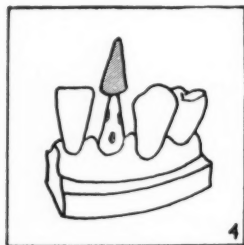
Type of tooth—decay on mesial, distal, and gingival.



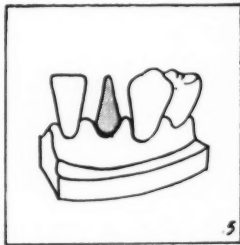
Prepare tooth as for old fashioned gold crown (conical shape, no shoulder).



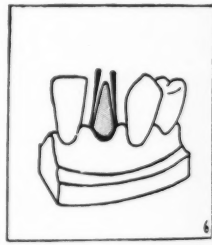
Take tube impression. Run die. Mount as for a jacket crown.



Burnish platinum foil, .001", over die. Close with tinner's joint.



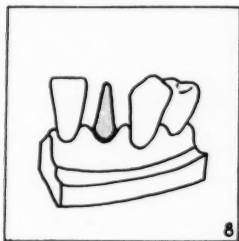
Over the platinum foil, carve, in inlay wax, a shoulder for the tooth.



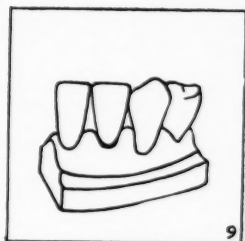
Use two sprues as shown. Cast over the platinum foil.



Fit on model leaving sprues to hold casting while polishing.



Finish polishing casting and, if acrylic is used, make undercuts in the shoulder.



Build tooth to contour with acrylic or porcelain, and finish.



Cement to place.

If you are interested in a particular technique and would like to have it included in this series, please write to W. Earle Craig, D.D.S., 1005 Liberty Avenue, Pittsburgh, Pennsylvania.

YOUR TELEPHONE IS A DEFENSE TOOL

TODAY PROMPT communication is important to national defense efficiency and your telephone is directly involved. The telephone is too handy, and much abused. If you can say it just as well in a letter, write it. If you must telephone a colleague, say what you must and quit. Most of the long distance calls put in by dentists are wholly unnecessary. By curtailing useless telephoning you will leave trunk lines open for important communication, and have more time to practice dentistry.

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Overlapping Teeth

Q.—I will appreciate any help you can give me on the following case.

A girl, 17, came in yesterday complaining her lower anterior teeth are becoming crooked. Upon a hurried examination I noticed there is a slight overlapping of the four anteriors, such as the lateral being slightly lingual to the central and so on, every other one. All these teeth seem to be in close occlusion with the upper anteriors when the mouth is closed. The articulation of all teeth seemed to be normal so far as I could see upon a superficial examination. There are many proximal occlusal inlays in molars and bicuspsids. No third molars in sight.

I plan to take roentgenograms, also run up casts, to see if I can find anything wrong with the articulation.

I will appreciate your advising me as to all things I should investigate with reference to the cause of this condition. L. C. A., Iowa.

A.—Your plans in regard to the seventeen year-old girl are all right. Patients often think that teeth are changing position, when casts, which were made some time previously show that there has been little or no change.

A complete roentgenographic examination will clear up the matter of possible impacted third molars, which may have some influence in changing the position of the anterior teeth, although the possibility of such influence is doubted by some orthodontists.

Malocclusion will change the po-

sition of incisor teeth so you are right in looking into that angle of the matter.

I believe these are the most important things to be done looking toward a diagnosis.—GEORGE R. WARNER.

Stained Teeth

Q.—A friend and patient of mine has gone to Newfoundland for duty there.

To quote him on a recent letter he says, "It seems hard to keep my teeth white here. Because of the water, they turn a distinct yellow. Can you aid in the matter? They look as if I had been smoking too much, but they just won't clean."

Please send advice so that I may answer this inquiry.—C. L. R., New Hampshire.

A.—In our experience we haven't known of teeth being turned yellow because of water and, inasmuch as we don't know the analysis of the water this person is using, we have no idea what there might be in it to be responsible for the change in the color of his teeth.—GEORGE R. WARNER.

Impression Taking

Q.—You have been so kind and helpful to me whenever I have written to you that once more I find I must call on you.

I wish to make a paste of zinc-oxide rosin and eugenol for impression taking. My problem is the use of a proper accelerator. I would like the material to set in the mouth within five minutes.—A. W., Pennsylvania.

June, 19

George

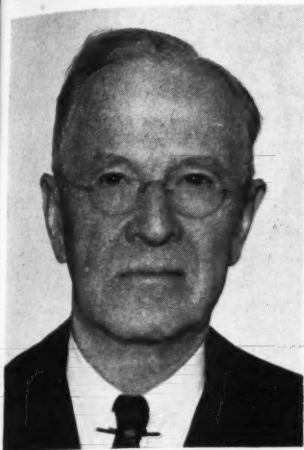
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Lesions

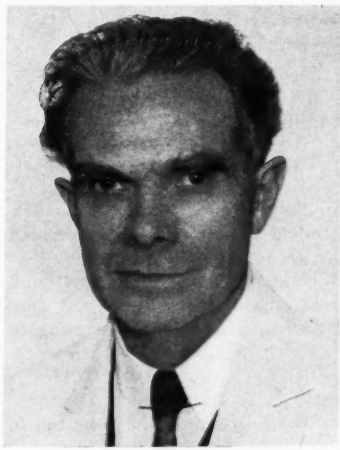
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George R. Warner, M.D., D.D.S.



V. Clyde Smedley, D.D.S.

A.—The addition to the mix of a small amount of water, not more than a drop, will accelerate the setting.—GEORGE R. WARNER.

Lesions

Q.—We have had a case of oral disease in our dental clinic at this station for which we can find no cause. The following is the case history:

The patient is white, a man, 22, who has been in the army for two years and four months, and on tropical service for the last six months. He was first seen as an out-patient when he reported to the dental clinic with a lesion about 3 cm. in circumference at the junction of the hard and soft palate, displaced about a quarter of an inch toward the lingual surface of the third molar from the median line. The lesion was red and inflamed around the edges, punched-out in the middle, and covered with a whitish-grey membrane. At that time he gave a history of having had a slight diarrhea for two days. The lesion was treated by chemical cauterization with phenol and, after a few such applications, disappeared. He was last treated on December 17, 1941.

However, on February 2, 1942, he again reported to the clinic for treatment with a similar lesion on the buccal

mucosa of the lower lip on the right side of the median line. At the same time he complained of a slight pain in the region of the labial frenum of the upper lip. The area at the frenum appeared slightly red but was not ulcerated.

The patient was hospitalized for observation and to determine the cause of these recurrent ulcers. On the second day of hospitalization, a new lesion appeared in the frenum and opposite the lower left second molar at the mucobuccal fold. All lesions were treated with phenol, and improvement was noted. The medical history gave no clue as to the cause of these ulcers. Family history was negative; there was no evidence of organic disease. The lesions are typical of aphthous stomatitis and show no response to treatment for this disease. However, as stated, there is no apparent cause for the onset or frequent recurrence of the lesions. Dental examination showed a clean mouth, with a few cavities. Otherwise dental examination was negative.

Any information you might offer would be greatly appreciated.—Captain T., on Foreign Service.

A.—The case presented in your letter is rather baffling. As a matter of fact we have not seen such a case.

Your careful and thorough oral

and general physical examinations leave little to be done in the way of a diagnosis. It would, however, suggest a microscopic examination of scrapings from the affected areas.

I have consulted an otolaryngologist, who was in hospital practice in Panama City some years ago, thinking that the condition might be of a tropical nature. He, however, did not recognize the condition as anything he had seen while down there.

In looking through the literature I find in Thoma¹ a description of "neurotrophic ulcers" which seems to fit your case fairly well. Thoma says, "This type of ulcer is caused by the impairment of nutrition of the affected tissue on account of defective peripheral innervation." However, under etiology, he says, "Cases have been reported where ulcers formed following an injury of a peripheral nerve, such as may be caused when too hot a solution is employed when an injection is made to block the mandibular nerve." You speak of no history of oral surgery, so I imagine this condition would have to be ruled out in your case.—GEORGE R. WARNER.

Rebasing Procedure

Q.—Can you tell me the next steps after the impression has been taken and before flasking, for relining a full lower denture?—G. S., Saint Thomas, Virgin Islands.

A.—Answering your question regarding rebasing steps, our procedure after taking a rebasing impression under an old denture, is as follows:

1. Pour a stone cast with a small extension or platform extension at each heel and in front of the median line.

2. Soap or paint platforms with separating medium.

3. Pour plaster occlusal matrix to include a rest on all three platforms.

4. Lift denture from cast and freshen entire under-surface, providing ample space for new material and leaving a uniform symmetrical finishing line all around for union of new material with old.

5. Replace denture in occlusal matrix and seal to cast with all three platform stops seated.

6. Flask with cast in upper half of flask.—V. C. SMEDLEY.

Abscessed Tooth

Q.—This question has come up in our medical staff meetings:

"What are the predominating bacteria present in an acute edematous area in the jaws caused by an abscessed tooth?" I have found cases where the white blood count has dropped from 11,000 to 5,000 or 6,000 within 48 hours after extraction, and in only two cases have we resorted to the sulfonamide medication. One case developed streptococcus after a short period of staphylococcus predomination. In our hospital we have difficulty in holding these cases for the needed time for sulfonamide treatments. If possible, would you advise starting such treatments before operating, and with which sulfonamide? We are developing cultures in the near future, but I have been able to find little as to prevailing bacteriology in putrescent pulps and the subsequent periapical involvement.

Thank you for your opinion. I appreciate all the information received in your magazine.—F. H. C., Arizona.

A.—Our experience and information is much the same as your findings and conclusion. There is always a mixed infection present in these cases—sometimes streptococcus, at other times staphylococcus predominating with pneumococcus, fusiform and other forms of bacilli often present in varying concentrations.

As we all know, it is not consid-

¹Thoma, K. H.: *Oral Diagnosis and Treatment Planning*, W. B. Saunders Company, 1937.

ered good practice to extract or operate when infection is in the acute stage. It would, therefore, seem logical to prescribe sulfo drugs to hasten control of acute infection. If we could know which cocci predominates in each case we would then know which sulfo would be best to prescribe since sulfanilimide is most effective against streptococci, sulfathiazole against staphylococci and sulfopyrodine against pneumococci.—V. C. SMEDLEY.

Ptyalism

Q.—I have a patient, a woman, 30, who was salivated when about 8 years of age. She has developed Riggs' disease in a mild form. Now I can correct it, but the cure is temporary. Then, this salivation shows up again. What can I do to get rid of this? An ordinary case of pyorrhea, when once cured, will remain so for a reasonable length of time. As I remember, I have had three cases of calomel salivation, and I can't correct it permanently. One case, a patient tiring of treatment, had the teeth extracted and dentures made, but the gums still show redness from the original trouble. The gums become sore intermittently.—C. M. W., Mississippi.

A.—It is possible that your patient has an unduly low intake of Vitamin C. This can be increased with citrus fruits and tomato juice or you can prescribe ascorbic acid. If you prescribe the latter, it is advisable to give 400 mg. per day for a few days, and then decrease to 200 mg. per day.—GEORGE R. WARNER.

Vertigo

Q.—My patient, a man, 82, apparently in good health, presented himself at my office a few days ago. He was complaining that a set of dentures, made elsewhere, were making him sick and dizzy.

On questioning, he informed me that the dentures were constructed for him about 15 months ago. He has been trying hard to wear them at intervals, thinking he would eventually overcome those sick and dizzy spells, but it has been of no avail. He is getting worse right along.

While he has the dentures in his mouth, they do not seem to bother him much, only that there seems to be a feeling of pressure in different parts of his jaws. The lower denture gives him the most trouble. A short time after he removes the dentures he gets those dizzy spells, which last for several hours. The longer he keeps them in his mouth, the longer he suffers after he removes them. This is the reason he is afraid to keep them in his mouth continuously.

He had a slight stroke on the right side of his face about eight months ago. He thinks the dentures were the cause of it, as he never had those spells until he started to wear dentures.

After a thorough examination I found the occlusion satisfactory and the shrinkage slight. Would it be possible for me to remedy that condition by relieving the pressure on the various nerves?

Any suggestion or advice you could possibly give me would certainly be appreciated, for I should like to give the patient relief, if possible.—R. O. O., Nebraska.

A.—We have many records of cases where dizzy spells have been caused by a nerve pressure, or closure of the eustachian tube from a closure of the bite, with too short dentures, or in an edentulous mouth, but your patient seems to be reversing this order.

You speak, however, of these dizzy spells coming after he has removed his dentures, so possibly, if you could remove the pressure spots or areas that he complains of when the dentures are worn, so that he could keep them in all of the time, this might prevent the recurrence of the dizzy spells. I find Sor-text, a soft, white wax, put up by Doctor George Brenner of Milwaukee, Wisconsin, a great aid in locating these pressure spots or areas under dentures.—V. C. SMEDLEY.

Salivation

Q.—Could you please advise me as to whether excessive salivation may be caused by amalgam restorations and whether it might be the result of the

patient taking calomel? Would this excessive salivation cause loosening of a number of teeth?

A middle-aged man presented with extensive erosion in the cervical regions of the upper left cuspid and bicuspids, and the lower left cuspid and bicuspids. I have used silver nitrate and formalin, several applications, and although the areas have turned black the patient still complains of sensitivity. The right side of the patient's mouth is normal. The patient had a copper cement restoration placed in the upper left first molar about three years ago. Do you believe that there is any connection between the copper restoration and the erosion? Is there any other treatment?—R. E. R., New Jersey.

A.—To the best of my knowledge there can be no absorption of mercury from amalgam restorations. High heat is required to volatilize mercury when combined with other metals. In chronic mercurial poisoning salivation is one of the symptoms. Calomel being mercurial, it is entirely possible to be poisoned by it, although it is not at all common at the present time.

It is a common occurrence to have cervical erosion on the left side of the mouth and not on the right. Right-handed people brush the teeth on the left side of the mouth more vigorously than on the right; and erosion is generally sequential to long and vigorous use of the toothbrush and dentifrices.

In cases where the erosion sensitivity doesn't respond to such treatment as you have used, it is wise to place restorations in the eroded areas.

I cannot see any possible connection between the erosion and a copper cement restoration.—GEORGE R. WARNER.

Unstable Dentures

Q.—I am wearing upper and lower dentures and I have had several different sets as I have done a great deal of ex-

perimenting in my own mouth. To date I feel that my efforts have been failures because if I leave the dentures out overnight, they are well stabilized in the morning; however, within an hour retention is entirely lost.

Where have I failed and what must I do to correct this? I used the Fournet-Tuller technique for the lower impression.—S. U. S., Iowa.

A.—Doctor A. J. Mielke, Pearson Building, Cowan, Tennessee, writes that he has had several denture patients whose difficulty with loose-fitting dentures was solved, after he made them dentures from impressions made in the late afternoon, when the body is tired and the tissues relaxed. His theory is that the tissues of the mouth are fuller in the morning and that a denture made from an impression taken at this time is actually larger and looser than when the impression is taken in the afternoon.

If you decide to try this in your own mouth, I should be greatly interested in a report of your result.—V. C. SMEDLEY.

Recut Burs

Q.—Is it true that most of the burs that we send in to be recut are only soaked in some kind of a solution, the cutting edge toned up, and the debris soaked out?

Is it possible for the small burs to be recut? Could you tell me what solutions are used to clean up burs, as well as the method used?—J. R. V. S., Minnesota.

A.—We have had our round burs recut for years and the result has been satisfactory. I don't recall about the number $\frac{1}{2}$ burs, but I doubt if they could be recut or sharpened in any way that would be satisfactory. Inverted cone burs can be resharpened if the leaves are not broken.

We clean our burs with soap and water and a wire brush and then sterilize them in a cold solution.—GEORGE R. WARNER.

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Dull Needles

Q.—Occasionally, in upper extractions, the patient returns a few days after, complaining of soreness in the palate. On examination I find a red, inflamed area near the point of injection, which has one or two spots that look like canker sores, or as if the tissue had been burned. It is painful for them to eat or drink.

Can you give me the cause of this condition and also a method of treatment? Is it the result of faulty technique in injection?—E. R. R., Connecticut.

A.—The tissues of the palate are denser than almost anywhere else that we have to make a hypodermic injection; therefore, the needle must be exceptionally sharp and the solution must be introduced slowly.

From your description I should think that the tissues had been traumatized by failing to follow one or both of the foregoing rules. Of course, the injection site must be sterilized, but I imagine you have exercised the same care on the palate as elsewhere.—GEORGE R. WARNER.

Sensitive Gums

Q.—I have a patient whose teeth were extracted two years ago. He had a set of dentures, which he was able to wear,

but he was unable to eat soft food. I have made him a full upper and lower denture that seems to fit well. His gums healed up but did not settle or shrink. The only way he can eat is by coating the surfaces of the dentures with paste. But as soon as the paste is removed from his gums, they are so tender that he cannot eat again, although the fit seems to be perfect. I have trimmed them, but a new sore spot immediately develops close by and the original spot does not hurt any more.

Is there anything that I can use or that can be taken to facilitate the shrinking of the gums so that they will be in condition to support the dentures properly?—J. C. M., Ohio.

A.—It is my opinion, generally speaking, the less absorption that takes place in an edentulous mouth, the more satisfactory is the base afforded for dentures. I would suggest that you endeavor to provide a uniform bearing on these prominent uneven ridges by painting the entire tissue-bearing areas with a soft wax. Have the patient then chew; remove, and grind the denture carefully with a large round bur, repeating this procedure several times until the expressed wax indicates a uniform bearing on the entire area of the ridges covered by the dentures.—V. C. SMEDLEY.

APPOINTED DIRECTOR OF MEHARRY DENTAL SCHOOL

DOCTOR M. DON CLAWSON, recently returned from the Near East where he was director of dental service for an oil company, has been appointed director of the school of dentistry at Meharry Medical College for Negroes in Nashville, Tennessee. His appointment was made possible through a grant from the W. K. Kellogg Foundation for the development of a continuous education program at Meharry. Doctor Clawson, a frequent contributor to ORAL HYGIENE, assumed his new duties at Nashville May first.

Laffodontia

"Mother, may I go in to swim?"

"Certainly not, my dear—it's far too deep."

"But Daddy is swimming."

"Yes, dear, but he's insured."

★

"Did you have many athletes in your college?"

"Oh no—we wouldn't have any athletes around our college."

"Why not?"

"Well, haven't you heard about their feet?"

★

Father: "Your new little brother just arrived."

Modern Brat: "Where did he come from?"

Pop: "Oh, from a far away country."

M. B.: "Another alien!"

★

"How many people work here?"

"Oh, about one out of every ten."

★

"Gosh! That sounds like the warden, and I've been afraid of firearms ever since my birth."

"Was your mother frightened by a gun?"

"No, but I think my father was."

★

The battleship was in port and visitors were being shown around. The guide was exhibiting a bronze tablet set in the deck.

Guide: "Here is where our gallant captain fell."

Nervous Old Lady: "Well, no wonder. I nearly tripped over it myself."

The recruit, keeping guard, heard, through the darkness, the sound of an approaching horse.

"Halt! Who goes there?" he challenged.

"The commanding officer," came the reply.

"Dismount, sir, and advance to be recognized," called the guard.

The officer did so, then he asked, "By the way, who posted you here?"

"No one, sir," said the recruit, "I'm just practicing."

★

"Your play needs to be more realistic."

"What do you mean?"

"Well, here you have a scene in the home of a young married couple—and in the second scene, six months later, the furniture is in exactly the same place."

★

"The doctor said I'd be on my feet in a month."

"Was he right?"

"Sure; he knew about my tires."

★

"We hadn't been married a week and he hit me with a piece of sponge cake, Your Honor."

"Disorderly conduct. Five dollars and costs."

"And, Judge, I made the cake with my own hands."

"Assault with a deadly weapon—one year."

★

Mrs. Brown: "Whenever I'm in the dumps, I get myself a new hat."

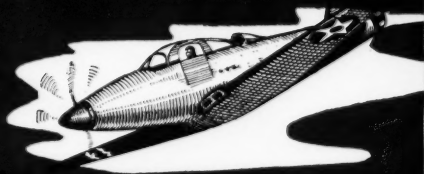
Mrs. Jones: "I was wondering where you got them!"



UST TO GIVE
between

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GOLD



for CROWNS, BANDS, CUSPS

Remember the wobbly spliced wood and canvas contraptions that were the forerunners of Spitfires and P 40's?

Old fashioned 22 K and new Ney Zephyr Gold are just about as far apart in development and performance. For this new dental gold alloy is not an adaptation of old karat gold formulae. It is a Ney Research combination of 100% noble metals that is superior in every way for crowns, bands and swaged cusps.

Actually there are SIX specific advantages in Zephyr Gold to help you do finer quality work, in less time and at lower cost. Your patients will appreciate the improved esthetics, the assurance of longer trouble-free service.

Priced \$1.00 per oz. less than 22K plus 6% more metal to the oz.

PLATE	SHELLS	DISCS
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1. LESS CONSPICUOUS
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3. TOUGHER, MORE DURABLE
4. NON-OXIDIZING
5. GREATER TARNISH RESISTANCE
6. LIGHTER WEIGHT... LOWER COST



THE KEYSTONE OF SUCCESSFUL PRACTICE FOR PERMANENCE AND PRESTIGE

"Ney pays HIGHEST MARKET PRICES for precious metal scrap of all kinds; for greatest convenience, ship through your regular dental dealer."



Acids ge

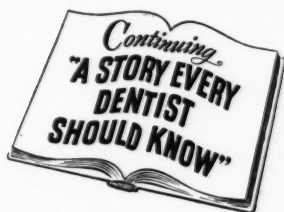
YOUR PATIENTS can enjoy food with high acid content . . . can smoke . . . can take medicines with the certain knowledge that dilute acids will not harm their dentures made of "Lucitone" methyl methacrylate denture resin.

"Lucitone" meets the acid test—literally. It has withstood, at the Du Pont plastics laboratory, severe conditions such as prolonged exposure to acids more powerful than those in the mouth. These tests—and the experience of thousands of dentists—show that "Lucitone" color won't leach and that continued use won't pit its hard, smooth surface. They prove that

"Lucitone" is certified to comply with the specifications of the American Dental Association.

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dentures made of "Lucitone" retain their lifelike beauty.

Special precautions assure that "Lucitone" is free of all impurities that might cause trouble. It is made of the highest quality raw materials. Its manufacture is guarded by dozens of tests and automatic controls. The skill and "know-how" of Du Pont chemists make certain that every batch matches the formula perfected by years of research. For your own peace of mind and your patients' fullest satisfaction, specify "Lucitone" for every job. E. I. du Pont de Nemours & Co. (Inc.), Plastics Department, Arlington, N. J.

"Lucitone" denture resin is the only methyl methacrylate resin denture material made by Du Pont. "Lucitone" is distributed solely by The L. D. Caulk Company, Milford, Delaware.



To help you make
FINER INLAYS
 you now have the
HUE-LON
INLAY PACKAGE



The Material

A great step forward in plastics for dentistry, Hue-lon does for inlays what *Lucitone* has done for dentures. With Hue-lon, you can make inlays that blend perfectly with tooth structure and color—not revealing where the inlay begins and where the tooth enamel ends. Like *Lucitone*, Hue-lon is backed by the unlimited facilities of DuPont and Caulk.

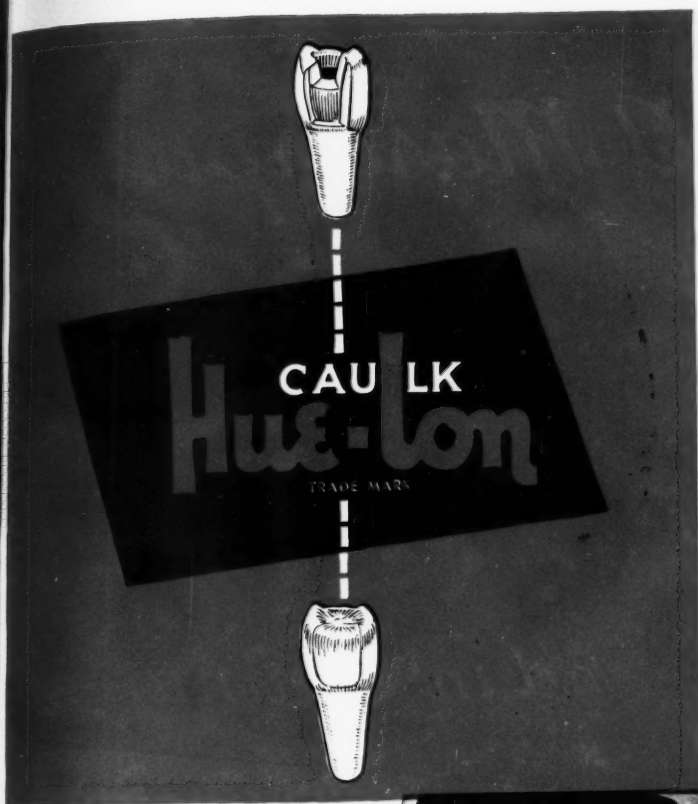
The Technic

If you prefer to make your inlays right in your own office, then you will welcome the definite, practical procedure for blending and processing Hue-lon inlays. It tells precisely what to do and when for inlay construction, thereby enabling you to take full advantage of the natural tooth colors of Hue-lon and its many other excellent qualities.

The

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 size
 1 Hue-lon
 2 Sticks o
 1 Stick of
 1 Powder
 1 Liquid
 2 Mixing
 1 Prepara
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FOR A



The Inlay Package

CONTENTS:

- 6 Quarter Portion jars of Hue-lon powder
- 1 Bottle of Hue-lon liquid—small size
- 1 Bottle of Plas-cote—small size
- 1 Hue-lon Shade Guide
- 2 Sticks of Sticky Wax
- 1 Stick of Inlay Wax
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- 1 Preparation for Class II inlay (Mounted on Pedestal)



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...and in 5 minutes!

You can make perfect impressions for full or partial dentures, that duplicate the contours of teeth and tissue in every minute detail... with the utmost simplicity in technique.

From the mixing of Konformax Impression Material with Konformax Impression Accelerator in a rubber bowl, to the removal of the tray from the mouth... will take you just 5 minutes!

Impressions are easily removed without distortion... without breaking.

Konformax Impression Material requires no preliminary boiling nor chilling in the mouth.

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You can pour a model twenty minutes after taking an Impression or any time within a month.

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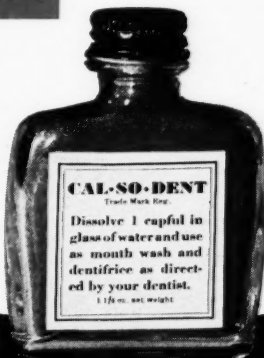
Necessary for MASSAGE BRUSHING

...a Preparation like this

A capful of Calsodent makes a glass of solution. Used as brushing dip, it makes massage brushing pleasanter and more effective. "Cuts" film and thickened mucus; neutralizes acids, has tonic effect upon gingivae.

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Bristles of Calsodent Brush are of a particular choice quality that retain resilience longer when wet. Three rows provide broadside firmness needed. (Crested brushing surface and rounded edges help prevent trauma.) Curved handle follows contour of jaw.



Contains no sodium perborate, no soap, no abrasives.

Cleans brush; does not mat bristles.

Tastes good; gives mouth new feeling of cleanliness.



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5 KITS \$1.00

Special Offer to Profession—
5 Kits for \$1.00. Each Kit contains a 50¢ Calsodent Brush and a 10¢ Bottle of Calsodent that makes 2½ quarts of tonic, cleansing solution. So, in handy kit

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The Baker name, trademarking dental merchandise, is a guarantee of the very highest material quality. Each product is the studied result of one of the largest, most competent and well equipped, dental research groups in the world. There can be no finer products than those bearing the Baker seal.

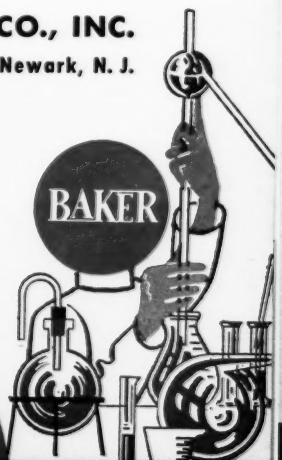
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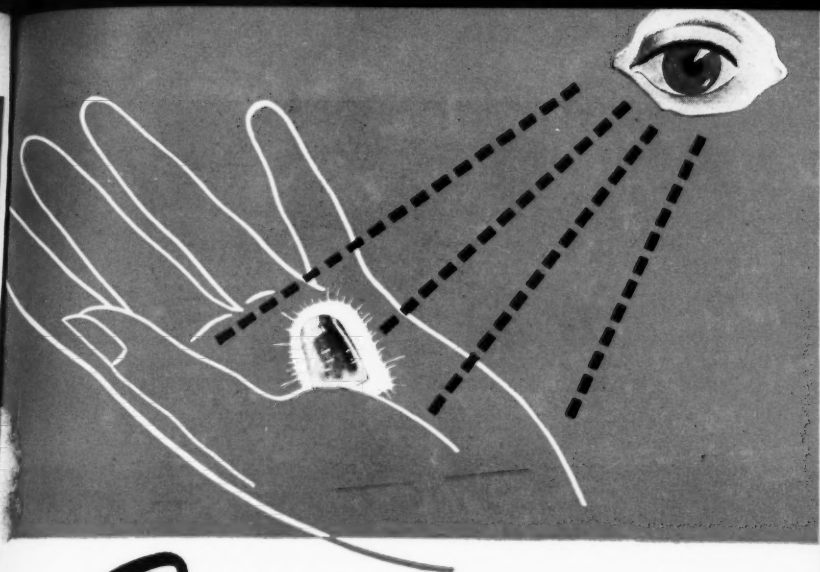
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THE *Design* IS ENTIRELY NEW

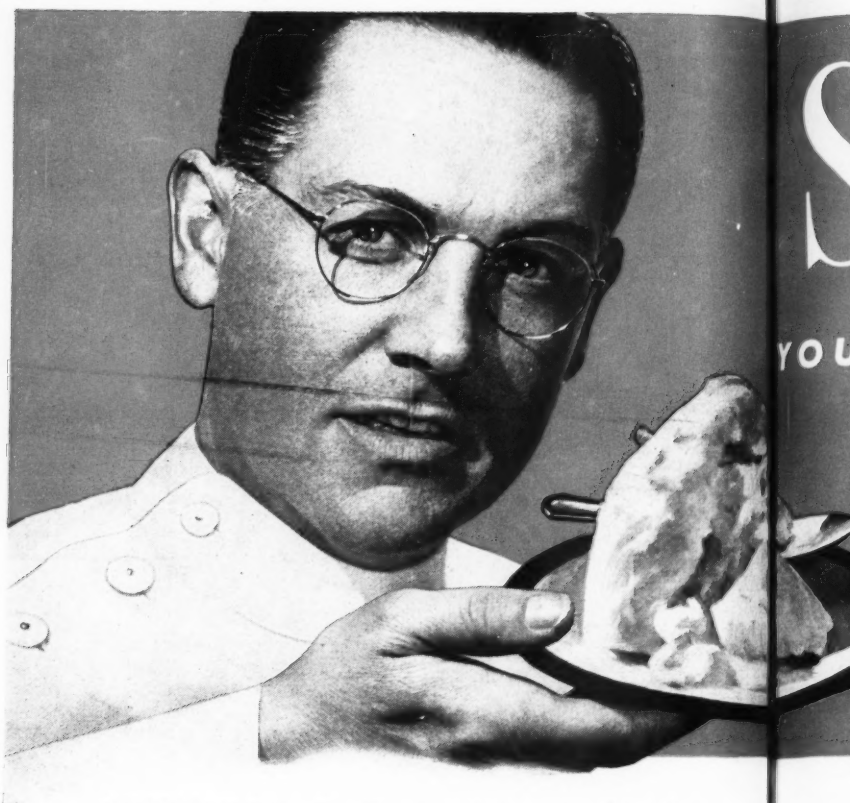
Steele's New Hue facings were designed from start to finish as *anterior bridge teeth*. Note the absence of any marked collar. Notice also that the mesial and distal contours of the proximal areas are such that another influence of denture-tooth design is eliminated — the too-wide interdental spaces. These new departures in bridge tooth design, and use of the character markings to produce sharp sparkling highlights, contribute as much to the complete naturalness of the restoration as the new hue shades and the translucent porcelain incisal of Steele's New Hue facings.



Steele's

NEW HUE FACINGS

THE COLUMBUS DENTAL MANUFACTURING CO., COLUMBUS, OHIO



YOUR patients will appreciate an introduction to this premier denture powder, especially during the dreaded early "seating" period. By impartial laboratory test Dr. Wernet's Powder is 26.1% whiter and purer than the average of leading competitors, as well as 50% more viscous (for maximum security and greater shock-resistance) and 46.5% more absorbent (for faster denture control).

Dr. Wernet's Powder is as safe and dependable as it is soothing and digestible.

So Pure..

YOU EAT IT IN ICE CREAM!

The same basic ingredient! And though a heaping plateful of Dr. Wernet's Powder might not be regarded as an after-dinner treat, it would be no less pure. For it is made from the same grade of imported gum that goes into finest ice cream as a stabilizer—the most expensive available for denture powder.

Free supply sent on request, Wernet
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Baldwin Ave., Jersey City, N. J.

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26.1% WHITER AND PURER





Zorite, the zinc oxy-resinate, is an ideal cement for fine impression taking, final corrective wash and temporary rebasing. Simple and easy to handle, pleasant and almost tasteless, Zorite adapts readily to tissue without causing dehydration. The soft areas are compressed directly proportional to their flaccidity and hard areas relieved so that you get the most accurate recording. May be used as a rebasing material for weeks or months.

Also, use Zorite with Zorite Thymolized white liquid for dento-surgical dressings in cavity preparation, pulpitis, temporary setting restorations, periodontia, exodontia. It is an antiseptic and a sedative, non-irritating, easy to place and remove. An extremely handy material of many uses. Literature, illustrated directions mailed on request.

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THE ADULT

PROSTHESIS MAKES GOOD



Bolus under
mastication with
artificial dentures

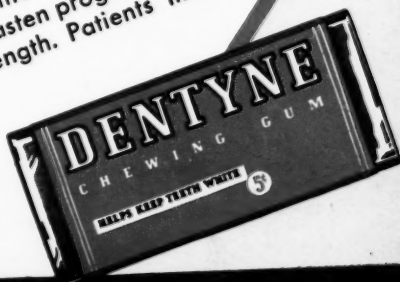
*-practice
makes
perfect!*

IT LITTLE profits the patient (or dentist) to have a "perfect" set of dentures made and fitted—unless the project of learning to use them is intelligently undertaken.

Functional efficiency can be achieved only by accustoming the gums to a pressure for which they were never intended—and by re-educating the muscles of mastication in the new technique of manipulation. Chewing practice with a nonnutritive bolus before mealtimes has been widely recommended and commonly prescribed for this purpose.

Many dentists suggest the use of Dentyne Gum, since its special resilience invokes the masticatory effort necessary for the comminution of tougher foods, and helps to hasten progress in the development of bite strength. Patients like its spicy flavor.

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CHEWING GUM



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Distinctively PROFESSIONAL

Cool, Crisp Sharkskin

Thanks to Manhattan foresight, you still have a wide choice of materials . . . famous Poplins and crisp Sharkskins . . . expertly tailored for smart appearance through long wear . . . liberal choice of sleeve length and collar sizes. Send for Style Book O.D. and samples.

Also broad is the range of fabrics for Hygienists' uniforms . . . 32 exclusive fashion modes, smart and distinctive as your street dresses . . . cool, snappy, and easy-to-laundry. Write for FREE Style Guide O.N. and samples.

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It is only natural to expect fear in children and sometimes in grown-ups when in the dentist's chair. By the use of NOVOTHESIA DICKS, confidence will be inspired when extractions or other conditions are indicated.

NOVOTHESIA DICKS

is a non-toxic local anesthetic, producing numbness when placed upon mucous surfaces. Will kill germs in 15 seconds without destruction of tissue. Send for your free sample it will convince you.

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Have you
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ONE investment in the world—and only one
—is made from cristobalite. It comes from Kerr.

For precision inlay fits this Kerr Cristobalite offers you an outstanding and exclusive advantage. For Kerr Cristobalite has sufficient thermal expansion to compensate for the shrinkage of gold.

With any technic you'll find your inlays from Kerr Cristobalite silky smooth and precision fitting.

Using the Dr. Phillips Control Technic you can adjust Cristobalite expansion in advance to exactly the amount ideal for the work in hand.

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Established 1891

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Research Reveals Important Findings On Cervical Exposure And The Causes of Root Abrasion

Please Read These Facts, Published in a Recent Dental Journal,* About Safety of Modern Dentifrices—
This Research Shows Urgent Need of Non-Abrasive Liquid Dentifrice for Patients with Cervical Exposure!

CERVICAL exposure and wedge-shaped notches have been noted by dentists in so many patients that we believe you will be interested in the results of important research on this subject. For it clearly indicates one important *cause* of common injury to softer, calcified tooth structures. And—shows how to *avoid* it. These are the facts reported.

1. 8 out of 10 adults examined have enough exposure of softer, calcified tooth structure to permit abrasion.
2. All dentifrices tested which contain an abrasive can gradually wear away this exposed cementum and dentin.
3. Brushing with Teel Liquid Dentifrice does not injure exposed root surfaces because Teel contains no abrasives.

These results establish an important reason for recommending Teel to all patients with cervical exposure. Please use coupon to obtain complimentary packages of Teel for distribution to patients.

Thousands of Dentists Use Teel

as binder for pumice in prophylaxis at chair

There are three reasons why so many dentists use Teel Liquid Dentifrice for this purpose.

- Patients like its refreshing taste
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To try Teel for this purpose without cost, kindly use the coupon below today.

*Dec. 1941 issue, JOUR. DENT. RES., p. 565-95.



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Waxes come and waxes go but Kerr Blue Inlay Casting Wax stands today, more emphatically than ever before, the unchallenged leader. And with reason! For, with this proved material, you are always sure that your pattern will harden promptly, come away cleanly, carve readily without chipping and leave no residue after the burn-out.

Characteristic performance by quality material!

Rely on it—every time!

Kerr Blue Inlay Casting Wax (Regular), supplied as sticks, softens at slightly lower temperatures than Kerr Blue Inlay Casting Wax (Hard) which comes as sticks or pyramids.

KERR DENTAL MFG. CO. • DETROIT

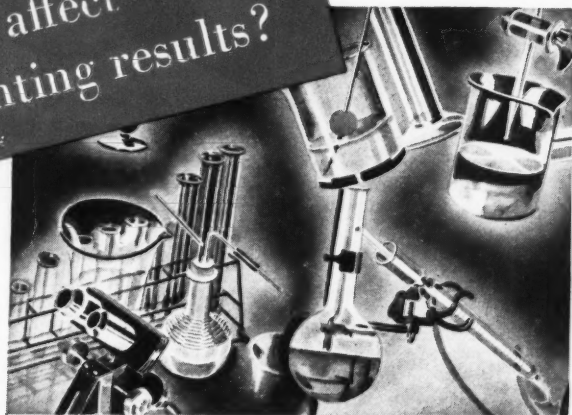
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KERR BLUE

How does "stability"
of cement liquid
affect
cementing results?

QUESTION

9.



FLECK'S CEMENT

(OXY-PHOSPHATE OF ZINC)

FLECK'S ARGENITE used with Fleck's Cement powder in place of regular Fleck's liquid provides a *sedative* germicidal cement for capping pulp exposures and near exposures. Its unique, germicidal action saves teeth that could never be saved before! It deprecates red cell infection, carious recurrences and provides conditions which are favorable for the growth of secondary dentin.

FLECK'S BLENDING POWDERS provide a dependable means whereby cement may be used esthetically under porcelain and acrylic inlays, crowns, etc. The concentrated shades of pink and gray were specially developed to be blended with regular Fleck's Cement so that it may be matched perfectly to live teeth or ceramic and acrylic restorations. These cement powders can be used to advantage to assure a more esthetic, live appearance to cementations



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★ **FLECK'S**
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cement
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Answer: Unless the chemical composition of a cement liquid is stabilized, its ingredients will crystallize out. This change alters the ideal chemical formula of the liquid and causes unbalanced reaction with the powder which results in a poor cementation.

Fleck's Cement Liquid is completely stabilized! You can therefore be positive that each mix will be *uniform* in reaction and result. Furthermore, the stability of Fleck's Cement Liquid permanently guarantees its unique ability to react gradually with its powder. In turn this assures complete control of setting time and helps to eliminate free acid from the mix. Since shock or pain, which is frequently experienced when cement is placed into a cavity, is caused by the presence of heat or free acid in the cement mix—the importance of this property of Fleck's Cement is at once apparent.

Because it's safest . . . because its recorded performance is greatest . . . most dentists throughout the world use Fleck's.

FLECK'S CEMENT

(RED COPPER)★

★ **FLECK'S RED COPPER**—famous throughout the world as the standard for germicidal cement assures positive germicidal protection in posterior cementations, linings underneath amalgam fillings and in children's dentistry. Its special properties made possible the protective cementing technique which is now normal procedure in routine practice. Fleck's led the field in all 21 tests of the most comprehensive research ever conducted on copper cements.



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New denture comfort and safety
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Denturex cleans dental plates, removable bridges and other dental appliances without brushing. It whitens artificial teeth, deodorizes and kills germs. A few minutes immersion in the Denturex solution avoids the danger of brushing or scouring with gritty powders which tend to wear away the fine indentations so necessary for proper suction.

Also developed in the United Drug Company's Department of Research and Control, one of America's finest and most modern drug laboratories, is Rexall Denture Adhesive Powder. It is processed from a harmless vegetable gum — actually it is as pure and wholesome as a food, and there is no disturbing taste. It forms a firm adherent, replacing worry and self-consciousness with confidence, for it permits normal and natural expressions when eating, talking or singing.

Both of these fine products are sold at all Rexall Drug Stores — Liggett and Owl Stores are also Rexall Stores.

You can win your patients' gratitude by recommending Rexall Denturex and Rexall Denture Adhesive Powder. Your conveniently located Rexall Store has them in economically priced packages, together with a complete line of U. D. and other standard oral hygiene products.

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Q. Now, Doctor, from your point of view, just what is canning?

A. Well, to me canning is something more than just another method of food preservation; it is one of the important means whereby many foods essential for proper nutrition are made readily available to Americans in all localities during all seasons of the year. (1)

American Can Company, 230 Park Avenue, New York, N. Y.

(1) 1939. The Canned Food Reference Manual, American Can Company, New York.

1938. Commercial Fruit and Vegetable Products, Second Edition, W. V. Cruess, McGraw-Hill, New York.

1937. Appertizing or the Art of Canning; Its History and Development, A. W. Bitting, Trade Press-room, San Francisco.

1936. A Complete Course in Canning, Sixth Edition, Press of "The Canning Trade," Baltimore.



The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

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A PATIENT is always interested in your diagnosis of the form of his face as part of your service in personalizing his denture. And when you demonstrate that, in selecting teeth to harmonize with the form of the face, you are following the plan nature uses in her most attractive dentitions, he understands why your dentures are so lifelike they defy detection.

For a century, artists have agreed that nature has three basic face forms, square, tapering and ovoid. All faces can be classified, basically, as one of these three types.



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THE DENTISTS' SUPPLY COMPANY OF

of Face-Form Classification

SIMPLIFIES TOOTH SELECTION

THE 71 Moulds of Trubyte New Hue Teeth make accurate tooth selection easy.

Trubyte New Hue Teeth harmonize with all face forms because they conform to nature's three basic facial types—Square, Tapering and Ovoid.

Trubyte New Hue Teeth are classified under these types in a wide variety of combination forms and graded sizes to provide you with...

A FORM FOR EVERY FACE....

A SIZE FOR EVERY CASE

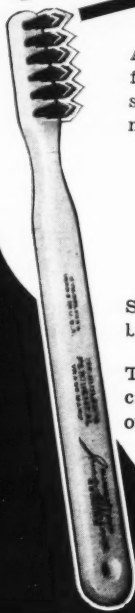


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THE IDEAL CLEANSING
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DR. BUTLER
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**MAKE
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Send 40c for two adult
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Then make your own
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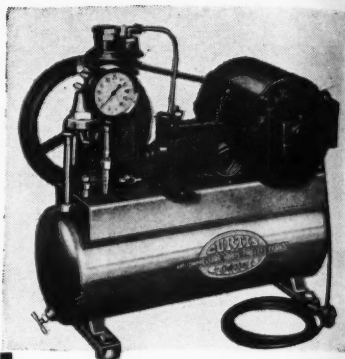
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*Operate Quietly,
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Curtis Automatic Dental Pumps are especially designed for this exacting service — to provide compressed air for the modern dentist. They reflect Curtis' 88 years of successful engineering experience and are precision built in every detail.

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Compressed air saves you time, energy and money — it's an invaluable aid in operative dentistry and laboratory work — makes your work easier and better and patients appreciate its use. Write for Bulletin C-18.

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... without loss of protection

Conservation and thrift, so important today, have always been intrinsic advantages of Kolynos* Dental Cream. Kolynos is concentrated. It is best used only $\frac{1}{2}$ " on a dry brush. By proper use it lasts twice as long. Kolynos has a dual cleansing action:

1st—The cleansing, refreshing foam helps remove mucous plaques and food debris.

2nd—The action of carefully precipitated chalk polishes efficiently without harmful abrasion of the enamel.

Kolynos has a pleasant taste acceptable to the most discriminating type of patient.

KOLYNOS

D E N T A L C R E A M

Recommend Kolynos when your patients ask you about a good dentifrice.

*Reg. U. S. Pat. Off.



THE KOLYNOS COMPANY • NEW HAVEN, CONN.

**Examine your
next case
cast of
PROCAST
notice its
great density...**

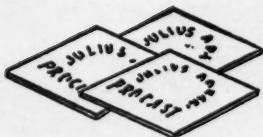


JULIUS ADERER, INC. 115 W.
Manufacturers of Precious Metals



PROCAST • ORACAST • MULTICAST • SPE

This casting is free from casting defects, delicate, and rarely broken. Very gold. The technical preference. Although dental and Naval functions to s



This feature is characteristic of all Aderer casting golds. You can expect dense, strong castings, free from pits or porosity. You can rely upon them for casting quality and faithful reproduction of the most delicate details. Further, Aderer golds may be accurately heat-treated by simple methods.

Very likely your own dental laboratory uses Aderer gold. They have a personal interest in the quality of the technical service they render you and therefore have a preference for golds of such known, dependable quality.

Although our facilities were strained in supplying dental gold on priority orders for the U. S. Army and Naval forces, we have already stepped up our production to serve the civilian profession without delay.

PROCAST is an easily cast, lustrous gold which may be used ideally for hard inlays, fixed bridgework and partial dentures. It's the finest gold you can use. Its physical properties are very easily varied for any one of these specific applications merely by simple changes in heat treatment.

PROCAST \$2.00 dwt. at your dealer



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Metal Alloys for Dentistry



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THUM

CHECKS NAIL BITING AND THUMB SUCKING

Children who repeatedly suck their thumbs and bite their nails run the risk of transporting germs, dirt, grit and other foreign matter into their mouths and throats. This habit is not only unhealthy but very unbecoming to any child. Use Thum to discourage thumb sucking and nail biting.


THUM contains extract of capiscum (2.34%) in a base of acetone, nail lacquer and esopropyl alcohol. Applied like nail polish.

\$.50 and \$1.00 per bottle at your dental depot or druggist.

NUM SPECIALTY CO. 4614 Fifth Avenue, Pittsburgh, Pa.



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FOR CHAIR AND
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Save your present handpiece for oral work.

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RORER'S TOPICAL ANESTHETIC SOLUTION

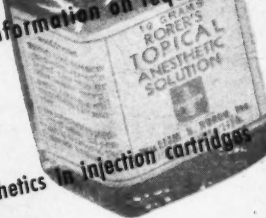
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Information on request.

Offered in 10 gram bottles.

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Manufacturers of dental anesthetics



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powders-
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CONCENTRATED DEVELOPER



CONCENTRATED FIXER, with HARDENER



DEVELOPER POWDERS

FIXER POWDERS



perhaps you prefer to make up your x-ray film processing solutions from concentrated liquids . . . perhaps from powders—in either case, you can specify "Eastman" with complete confidence. Both the liquids and the powders are prepared with laboratory care, from *Kodak Tested Chemicals* . . . both provide stable solutions.

In films . . . in exposure, processing, and viewing accessories, the Eastman line is equally complete. *Eastman Films* are available in four types: Bite-Wing, Periapical, Occlusal, Extra-oral . . . in the sizes the profession favors, with the characteristics you prefer. *Eastman Accessories* range all the way from film dispenser to radiograph illuminator—every item designed to add to the efficiency of the radiodontic routine.

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order with your regular dental dealer . . . to assure periodic deliveries of the type developer and fixer you prefer . . . to remind you to replace your solutions at the most advantageous time? Eastman Kodak Company, *Medical Division*, Rochester, N. Y.

**Eastman
X-RAY
Materials**
...THE COMPLETE LINE

thank y



GOLD AND THE PLATINUM METAL

YOU...

The Gold Drive to raise funds for dental ambulances is an overwhelming success. It is still too early to predict the number of mobile units you have helped send to the front but everyone in Dentistry can well be proud of the unbounding spirit and determination that swept this fine project to such a glorious American and Dental triumph.



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Without COLLAPSE of Cup—The LIP Does the Work



Made in U. S. A.



Friction Grip Attachment



Centripeta Action



Controlled Lip-Action



Saliva Deflector

**PERFECTION
PROPHYLACTIC
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**A
W.W.
PRODUCT**

— UNSURPASSED —

The CONTROLLED LIP-ACTION OF CUP cleans and polishes quickly under free margin of gums. Test it Yourself! Write for FREE Sample Unit Sold by Dental Dealers Everywhere.

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★ Why don't you investigate—find out just why so many dentists are installing our newest, shockproof dental x-ray apparatus—and others are trading-in their out-of-date equipment? There's a big, significant reason. We'll tell it to you—by return mail, without obligation. Clip this ad, sign your name and address on the margin, and mail—today.



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Thousands have—and now use it! Send 25c for a glass graduate and three 50-gram Beauty-Cast packets to make 3 castings! You'll be glad you did!

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WHITE AND LUSTROUS

COMPLIES WITH FEDERAL & A.D.A. SPECIFICATIONS



CRESCENT DENTAL MFG. CO.,

1839 S. Crawford Ave., CHICAGO



The Society Woman may be a fine interior decorator, BUT...

the dentist is better qualified to judge and recommend dental products. That's why the makers of Pycopé Tooth Powder and Pycopé Tooth Brushes never advertise to the public. Your patients appreciate—and value more highly—your recommendation of products that are not ballyhooed through mass advertising. Remem-

ber—the only way your patients hear about Pycopé is through you.



PYCOPE

PY-KO-PAY

TOOTH POWDER AND TOOTH BRUSHES

Now, Dr. Myerson presents Another Contribution Still

Four Basic Types

#1

DR. MYERSON'S True-Blend

18



- A. Both centrals on line and normal direction.
- B. Both laterals outward rotation and overlap, plug centrals.
- C. Cuspids prominent and outward rotation.

#2

DR. MYERSON'S True-Blend

70



- A. Both centrals on line and normal direction.
- B. Both laterals inward, slightly overlapped by centrals and cuspids.
- C. Cuspids prominent and outward rotation.

Most of Dr. Myerson's contributions to Greater Naturalness in restorations are based on keen observation and understanding of Nature's effects. For example, he was the first to introduce transparent enamel in artificial teeth. Then he observed the importance of surface qualities, stains and irregularities and added these for still greater naturalness; then for the many cases requiring still further characterization, Dr. Myerson's Characterized anteriors were introduced.

However, even the most natural-looking teeth will lack the finest aesthetic effects if set up conventionally. Greatest beauty is always found where variation from the conventional arrangement exist. This fact has long been recognized.

Dr. Myerson has now developed a system of basic irregularities that add to the aesthetic value of a denture and greatly facilitate true-to-nature set-ups.

Will Greater Naturalness IN DENTURE RESTORATIONS

Typal Setups

#3



DR. MYERSON'S True-Blend

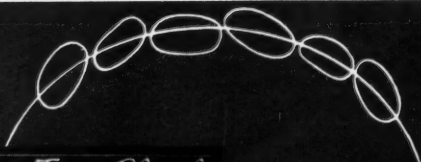
48



E

- A. Central incisors and lateral incisors.
- B. Laterals on the same outward rotation.
- C. Canine protrusion and outward rotation.

#4



DR. MYERSON'S True-Blend

47



E

- A. Canine protrusion and outward rotation.
- B. Canine protrusion and outward rotation.
- C. Canine protrusion and outward rotation.

Its practical application is made possible by the unique Myerson System of carding and mounting and shipping teeth from the factory. This method permits immediate try-in and perfect visualization orally or extra-orally.

Using the four Moderate Typal Arrangements pictured here as basic, great variations in unlimited number of natural set-ups can be achieved easily right on the card as you receive it. **Save This Chart and Write for Further Details.**

IDEAL TOOTH INCORPORATED



CAMBRIDGE, MASSACHUSETTS



**MULLEN BROS. WORKMANSHIP
CONVINCED ME . . . I'M NOW
A STEADY CUSTOMER**

\$1 TRIAL
Send 4 Doz. Burs
for Resharpener

Regular Price
\$3.50 per gross

**GUARANTEED
FULLY**

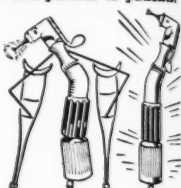


ENLARGED 10 TIMES

MULLEN BROS. Sharpening and Re-Building Service . . . long known in the Middle West now goes National! Send us your dull burs. They will be made like new by specialists who do nothing else. We sort and sharpen only those that will give new bur service. Grinding stones run thru water keeping burs cool. Result: **NO LOSS OF TEMPER OR HARDNESS!** Mullen-Sharpener Burs don't scrape or heat—they CUT! Assure you faster, easier, painless work. Price \$3.50 per gross. Send today.

HANDPIECE SERVICE

Wobbly handpieces are annoying to you and painful to patients. **MULLEN BROS.** remove all old parts. New parts are individually "lapped in" to micrometer accuracy. No vibration. Smooth, steady operation **LIKE NEW!** Any Contra-Angle \$3.85. Straight Handpiece \$9.00. All work unconditionally guaranteed.



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"RELIABLE SERVICE TO AMERICA'S DENTISTS FOR OVER 15 YEARS"



**BURTON
TRI-LUMINAR**

**A DENTAL
OPERATING
LIGHT . . .**

. . . and an **AIR CIRCULATOR** in one unit, to cool your office this summer! Ask about this exclusive **TRI-LUMINAR** feature.

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Send for **FREE Booklet "PLANNED LIGHTING"**

Are you looking for
**PATIENT-EDUCATION
MATERIAL** for use in your
practice? See special an-
nouncement on pages 852-53
in this issue.



June 13 thru Labor Day
Keep fit for victory. Take
an "all-out" vacation
at Cedar Point this
summer.

Golf, tennis, riding, boating, amuse-
ments. Swim at the 7-mile beach. Relax at
the 1000-room Breakers Hotel. Excellent
food.

Dance nightly in Grand Ballroom to
America's favorite "name" bands. Gala
opening week June 13-19, incl. with
GENE KRUPA. New bands each week.

Easy on tires, too. Ohio Route 2, U. S. 6,
between Toledo and Cleveland—bus or
rail to Sandusky—steamers from Detroit
and Cleveland. Ask for folder.

CEDAR POINT - on - LAKE ERIE, Sandusky, Ohio



THE LONELINESS OF PAIN

The first human cry in the wilderness was to summon help for the relief of pain. Today, the first mission of medicine is still to ease the acute discomfort of pain.

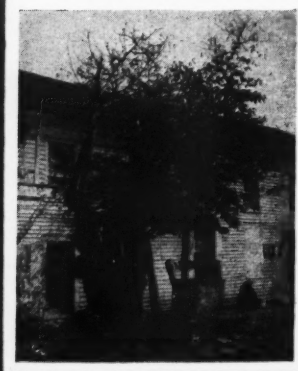
In the service of pain-relief, Peralga gives unusual satisfaction. Combining the pain-relieving properties of acetophenetidin and acetylsalicylic acid with the sedative action of barbital, Peralga not only mitigates promptly the suffering from headache, migraine, neuralgia, dysmenorrhea, earache and other painful conditions, but also quiets the attendant nervous symptoms without causing incapacitating drowsiness.

For prompt and sustained analgesic action with a mild sedative effect, try Peralga. A complimentary supply will be gladly sent you.

Peralga, 7-grain tablets, is available in boxes of 6, 12, 50, 100 and 500; powder in bottles of $\frac{1}{2}$ and 1 ounce.

SCHERING & GLATZ, INC., 113 West 18th Street, New York City

Man Against Pain



Dr. Crawford W. Long

The "Ether Frolics" of the young, fashionable set of Jefferson, Georgia, gave Dr. Crawford W. Long an idea. Why not try ether to still the agonizing cry caused by the cutting knife? And so, on March 30, 1842, he induced one of his friends to inhale ether for the painless removal of a carbuncle.

Thus, Dr. Long, was the first to use ether as an anesthetic. But, he did not possess the spirit of a crusader for a great cause. He was influenced by his townspeople, who frowned on his experiments with ether. He regarded his discovery lightly; did not share it with his colleagues or record his scientific findings for posterity.

Dr. Long did not hush "Life's saddest voice, the birthright wail of pain." Only years later, when the acrimonious controversy raged amongst Wells, Morton and Jackson, did Dr. Long come forth with claims of discovery. Nevertheless, Dr. Long contributed to the great discovery of anesthesia. He was "Man Against Pain."

The building in which the first operation under ether was performed.

Dr. Crawford W. Long

In our
been
never
sweet
impr
thes
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com
been

W
beca
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ger
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The
Co., Inc.

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BROO
Toronto

Pain

Crawford W. Long

MONOCAINE



1815-1878

In the more than thirty years of our existence, we have at all times been "Men Against Pain". We have never taken our work lightly, nor swerved from our life's purpose of improving the field of local anesthesia...containers, solutions, methods of application. The safety and comfort of the patient has always been our goal.

When the anesthetic cartridge became popular in 1922, we realized its weakness at once—the danger of infection through an unsterile rubber diaphragm. The metal cap on the Anestube was designed to assure sterility at all times by making possible the flaming of the puncturable surface.

Procaine is a "good enough" anesthetic. But not for "Men Against Pain". Ceaselessly, tirelessly, persistently have we searched into the mysterious unknown for something better. Many new anesthetics have been developed in our laboratories.

Monocaine HCl was introduced in 1937. Within five years, Monocaine has replaced procaine in thousands of dental offices. More than 90% of all Novol users prefer Monocaine to procaine.

Monocaine is blacking out pain in millions of cases for all kinds and types of patients. As a Man Against Pain, you, too, should Blackout Pain with Monocaine.



The word Monocaine is the registered trade mark of the Novocol Chem. Mfg. Co., Inc., designating its product, 2-(110-butyl amino ethyl para amino benzoate).

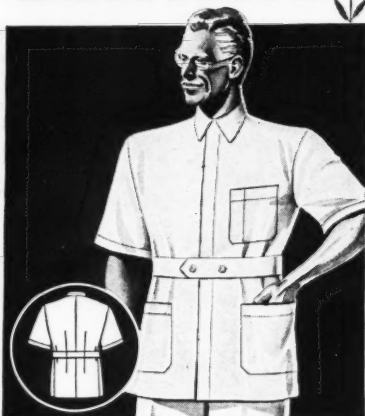


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BROOKLYN, NEW YORK

Toronto • London • Buenos Aires • Rio de Janeiro



HERE'S A COAT *Created* FOR DENTISTS



A world of dentists have waited for this coat—a garment so smartly different from the ordinary professional coat, you will want one immediately. It is handsome, smooth, modern in styling and for comfort can be worn without shirt, collar and tie. The full-length fly front conceals a zipper—for a neater closing plus extra convenience.

The smock is made of Angelica's exclusive Sanforized-Shrunk White Twill—a fabric that wears and wears and still keeps its smart appearance! Belt is attached in back and buttons in front with two sewed-on pearl buttons. Sizes 34-44.

Order No. 378. Ea., \$2.95 3 for \$8.40

Free Delivery in U. S. if Full Payment Accompanies Order

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MODERN DENTISTS USE THIS
MODERN CORRECTIVE FOR
Better Fitting Dentures

KELLY'S *Impression* PASTE



\$2.50
AT ANY
DENTAL
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LEE S. SMITH & SON MFG. CO.
7323 Penn Ave. Pittsburgh, Penna.

When you're "on the go,"
remember these fine service hotels

DINKLER HOTELS

CARLING DINKLER, President

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THE ANSLEY,
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THE ST. CHARLES,
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THE SAVANNAH,
Savannah, Ga.

Older than the
**OVERLAND
MAIL**

THE first overland mail in this country reached St. Louis from San Francisco on October 9th, 1858, after an Eastward trip of 24 days, 18 hours. That date marks the beginning of our transcontinental mail service.

Some idea of the long experience of Church & Dwight Co. in the making of Sodium Bicarbonate is indicated when it is observed that our founders were making this essential product at least twelve years before the inauguration of a service so vital to the Westward growth of our country.

Our brands, Arm & Hammer and Cow Brand Baking Soda, pure Sodium Bicarbonate, are acceptable as tooth cleansers to the Council on Dental Therapeutics. The dentist can recommend them to clean the teeth with full assurance as to their reliability and purity, or in a 2% solution as a cleansing mouth wash or gargle.

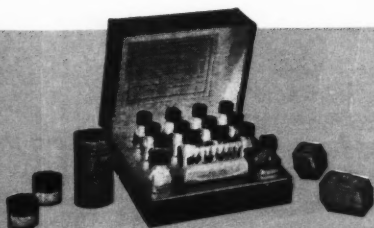
Sodium Bicarbonate has many other uses in dental practice. In any treatment that calls for this essential product Arm & Hammer Baking Soda or Cow Brand Baking Soda can be used or prescribed with complete confidence.

Their low cost and wide availability are other factors that commend them to the dental profession.

**Business Established
in 1846**

CHURCH & DWIGHT CO., Inc.
10 Cedar Street New York, N. Y.

The faster a dive-bomber dives, the harder he grits his teeth. This abnormal bite causes the lower jawbone to exert such unusual pressure that excruciating ear and tooth-aches put the flier in added danger. To combat this, U. S. Navy Dentists have developed an acrylic mouth splint. **Methyl methacrylate** was chosen for this splint because of its **resilience** and ability to **withstand without transmitting shock**.



Acrynamel

"the original non-granular acrylic enamel that looks, feels and wears like human enamel." Having the same physical qualities as Denta Pearl plastic teeth, Acrynamel is indicated for jackets, inlays, bridges, and prosthetic restorations including bite-raising cases.

Impression Ac

is a highly plasticized impression material for immediate insertion cases, full and partial dentures, and removable bridges. Impression Ac is accurate; it marks a distinct advance over other impression materials in that it needs no special equipment . . . no preliminary heating or mouth cooling. Simply spatulate powder and liquid in a bowl or paper cup . . . one minute in the mouth . . . result: an accurate one-piece impression that removes from all tooth and tissue undercuts without distortion.



Acrynamel STAINS and Acrynamel ACCESSORIES are products of Justi Research, made to work with Acrynamel and Denta Pearl teeth for modern prosthetics:—

- **Acrynamel STAINS**—for artistic characterization of jackets and Denta Pearl teeth.
- **Acrynamel INVESTMENT**—has adequate compressive strength for all acrylic work.
- **Acrynamel SEPARATOR**—provides a smooth coating for investments.
- **Acrynamel DIE-MAC**—an unusually hard die-stone for inlay and jacket crown dies and all master models.

JUSTI Products for.

H. D. JUSTI & SON, INC., PHILADELPHIA, PA.

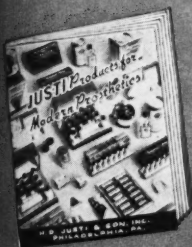


DENTA PEARL plastic teeth are made of pure methyl methacrylate.

DENTA PEARL Plastic Teeth

COMFORTABLE • LIGHT • CLATTERPROOF • DURABLE

Denta Pearl plastic teeth will withstand, without transmitting, the repeated impact shocks of mandibular pressures. This decreased impact shock assures increased mental and physical comfort;—indicates decreased alveolar absorption.

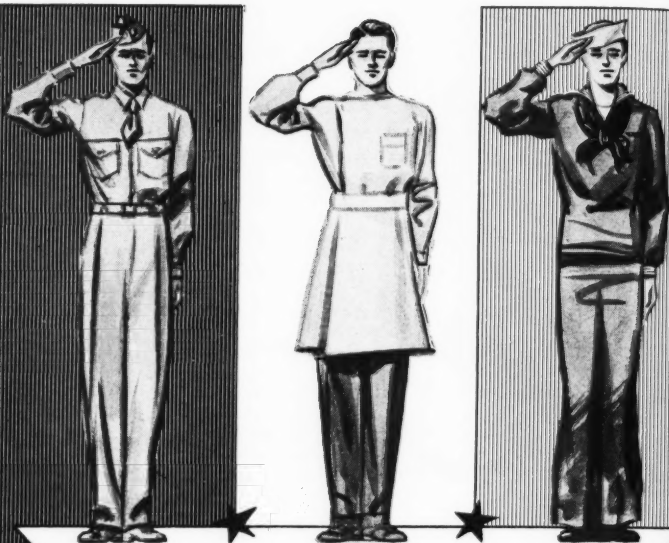


A 20-page illustrated catalog, "Justi Products for Modern Prosthetics," containing useful information on plastics, techniques and products, is now available to the Profession; ask your dealer or write directly to H. D. Justi & Son, Inc.

New data on plastics and plastic products as developed in our research laboratory are published each month in "Justifacts"—a technique sheet now in the current issues of *Dental Survey* and *Dental Laboratory Review*. Back copies are available; send your request to the Research Department of H. D. Justi & Son, Inc., 32nd and Spring Garden Streets, Philadelphia, Pa.

Modern Prosthetics

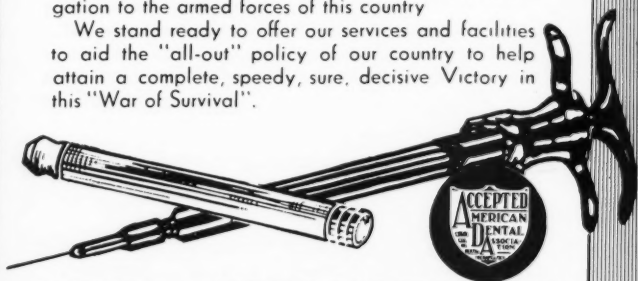
RELIABLE DENTAL PRODUCTS SINCE 1864



THE ARMED FORCES ARE ALSO USING
PROCO-SOL

The dentists in the United States Army and Navy are using the same fresh Proco-Sol local anesthetics as are the discriminating dentists in civilian life. It is with a great deal of pride and duty that we realize our obligation to the armed forces of this country.

We stand ready to offer our services and facilities to aid the "all-out" policy of our country to help attain a complete, speedy, sure, decisive Victory in this "War of Survival".



PROCO-SOL CHEMICAL COMPANY, INC.

1233 SPRING GARDEN STREET, PHILADELPHIA, PA.

Manufacturers of Fine Local Anesthetics



At last, tooth numbering means something

CORONAL INDEX AND

VERI-CHROME

TRADE MARKS INC. U.S. PAT. 2,718,178

FIVE PHASE ANTERIORS

The coronal index expresses the ratio between the width and length of the central incisor crown. It is an expression of form, not size.

A group of central incisors may have the same coronal index (width-length ratio), but have different absolute sizes. (Fig. A)

Also, a group of central incisors may all have the same width but different coronal indices. (Fig. B)

The natural range of coronal indices is adequately covered by the three modal groups: 75-85-95. These are referred to as Long, Medium and Short.

In last month's ad we developed the first factor of the Coordinate Size System, the widths of sets of 6s: 39mm., 42mm., 45mm., 48mm.

The second factor is the coronal index which completes the Coordinate Size System and identifies the mold. To illustrate: M42 is a medium length mold measuring 42mm.

The twelve size boxes of this Coordinate System for Veri-Chrome Five Phase Anteriors cover 98% of all prosthetic needs.

UNIVERSAL'S COORDINATE SIZE SYSTEM

For Veri-Chrome
Five Phase Anteriors

simplifies selection
and eliminates du-
plication.

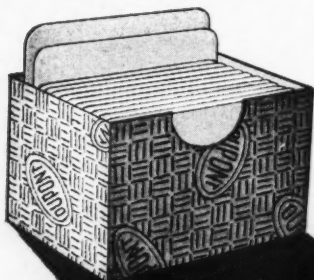
	39 MM.	42 MM.	45 MM.	48 MM.
CORONAL INDEX 75 LONG	L 39	L 42	L 45	L 48
CORONAL INDEX 85 MEDIUM	M 39	M 42	M 45	M 48
CORONAL INDEX 95 SHORT	S 39	S 42	S 45	S 48

UNIVERSAL DENTAL COMPANY

Manufacturers of the Most Complete Line of Porcelain Teeth

8th & Brown Sts.

Philadelphia, Pa. U.S.A.



DUPONT X-RAY FILM

.... For Finer Radiographs

FINK-ROSELIEVE CO., INC.
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MOY

HOLDING POWDER

for Dentures



*creates a
powerful, lasting
suction instantly*

MOY helps YOU, Doctor — by helping new denture patients go through the period of adaptation with courage and confidence. It holds dentures *firmly in place*—and at the same time forms a soft, alkaline cushion to protect and soothe tender, aching gums.

MOY won't ooze out, turn dark, cake—or leave a gummy residue. It won't show thru translucent dentures. Its pleasant U.S.P. peppermint flavor helps to stop gagging and nausea.

Recommend this finer holding powder—insure your patients *maximum* comfort with those expertly made, beautifully fitted dentures you've just finished. We'll gladly supply free professional samples of MOY on request.

Comfort and
confidence for
new denture
patients with
MOY

THE J. BIRD MOYER CO., Inc.
1210 Vine Street, Philadelphia, Pa.

OHL-6

Please send free professional samples of MOY, the new white alkaline holding powder, to:

DR.....

ADDRESS.....

MY DRUGGIST IS.....

ADDRESS

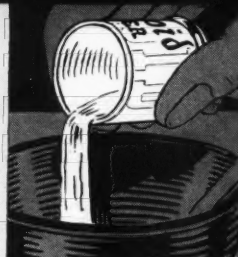
COE LABORATORIES, INC.

NEW ELASTIC IMPRESSION

In Powder Form . . . AVAILABLE

EASY!

Use cover of package as measuring cup. Pour one coverful of water into a mixing bowl. No heating required.



CLEAN!

Empty the contents of the package into the water. No mess or bother. Each package sufficient for the average size impression.



Requires **NO HEAT, NO CHILLING, NO**



WHAT IT IS

Coe-Loid Powder is an entirely new and different type of elastic impression material, the result of over a year's study and experiment by our Research Department.

It is an almost impalpable light pink powder which, when combined with the specified amount of water, forms a non-thermoplastic colloidal mixture with highly desirable properties for the taking of partial impressions.

The Research Department of Coe Laboratories, Inc., Chicago, began the development of Coe-Loid Powder, as a simplification of and improvement in partial denture impression procedure.

As the research progressed, it became apparent that this new material would also bring a great boon to dentistry because it contains no agar-agar or other ingredients essential to water

GUARANTEE

You needn't risk one cent to try this amazing new impression material. Order a box of twelve individual COE-LOID POWDER units. Take three or four impressions. If not completely satisfied, return unused units for full credit.

QUICK

mix powder, and so on. Roughly to a free container and i

NO

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QUICK!

Mix powder and water, and spatulate thoroughly to a smooth, cream-free consistency. In minutes it is done.



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Transfer mixture to a perforated impression tray. Shape as desired with spatula, and you're ready to take the impression.



NO SPECIAL EQUIPMENT

SIMPLY MIX
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For purposes, COE-LOID POWDER is a timely replacement of the now hard to procure hydrocolloids.

Best of all, it offers greater ease of handling and improved results. It requires no heat, no cooking, no gun, no chilling, and no special equipment other than a *perforated tray*. Just read and follow carefully the directions that accompany each package.

WHAT IT WILL DO

COE-LOID POWDER offers the latest, most advanced, and scientific material for the taking of highly accurate partial impressions. It is quick in action; pulls out of undercuts; will not slump or distort; has greater strength than the hydrocolloids. COE-LOID POWDER has a delicate, pleasing flavor, and there is no chance of burning the patient's mouth. These features greatly decrease the likelihood of causing the patient to gag. COE-LOID POWDER is therefore of particular in-

terest to orthodontists because of the ideal patient co-operation possible with small children.

With quick and easy to use COE-LOID POWDER you can make an impression in just a few minutes — far less chair time required than ever before.

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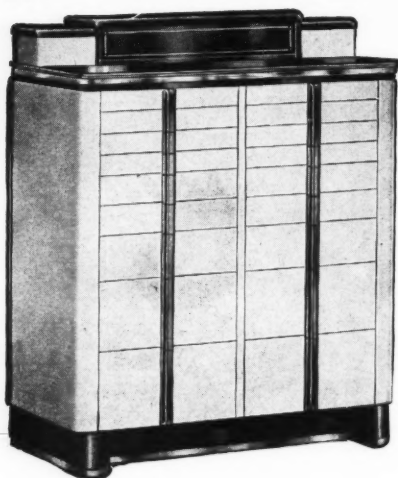
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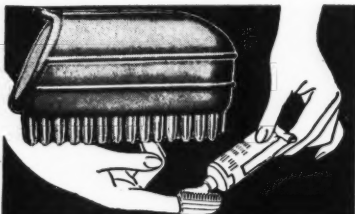
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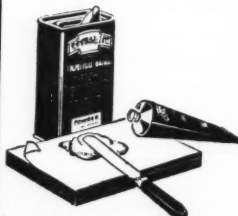
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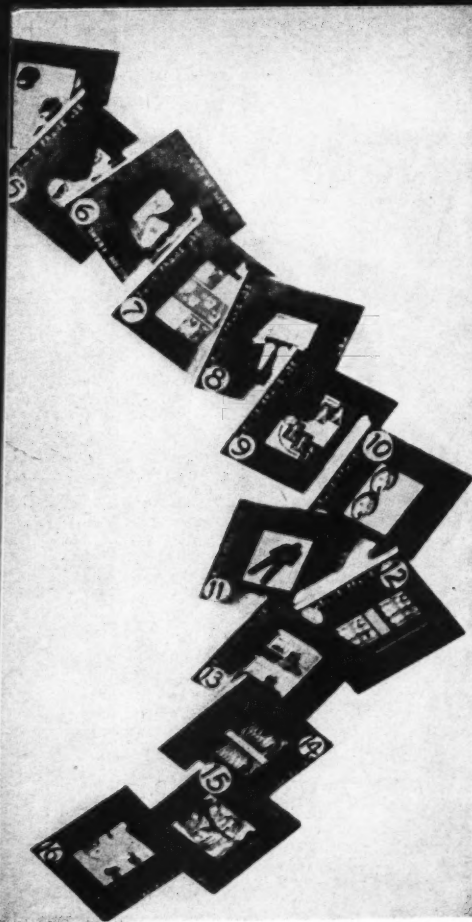
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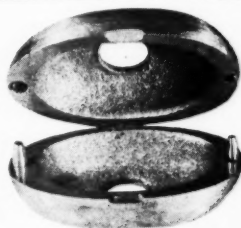
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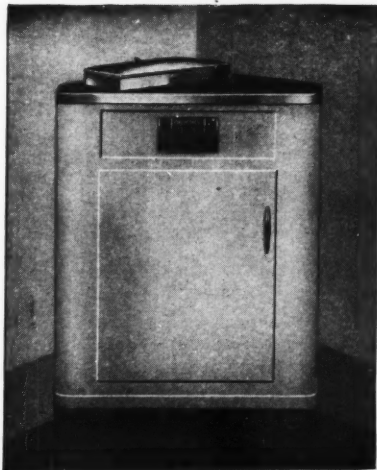
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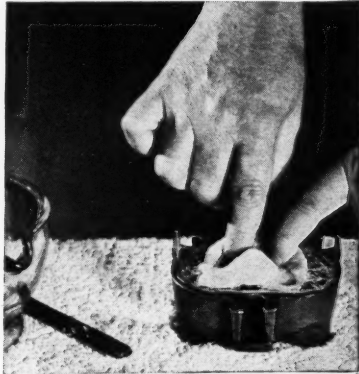
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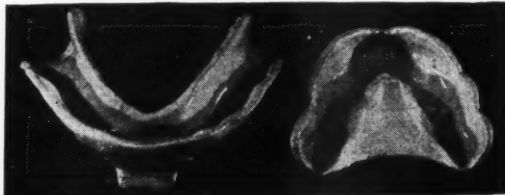
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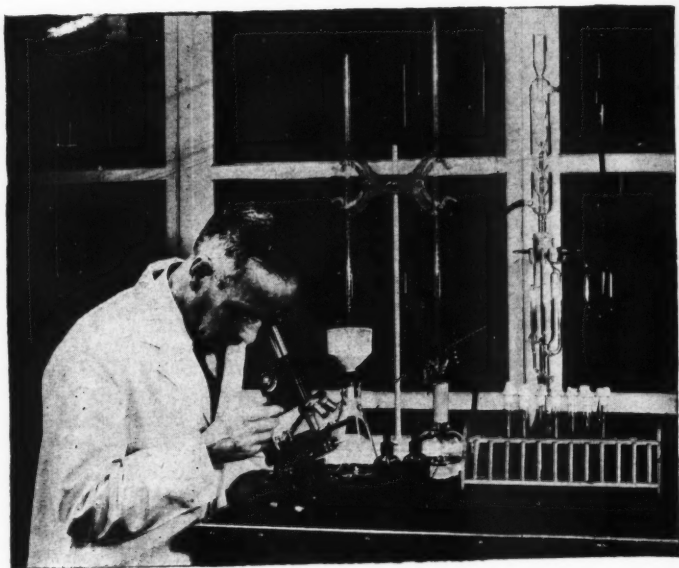
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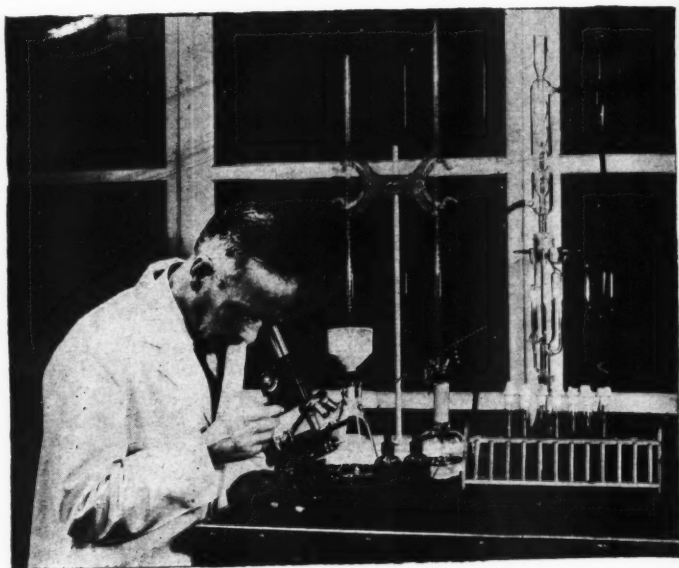
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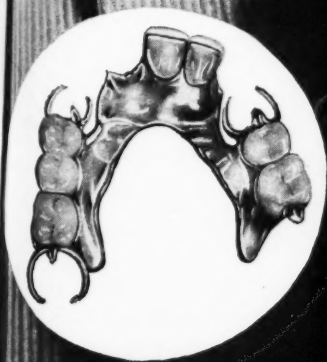
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NOT DOWN

I've used
STERODENT
cleanser for
16 years



Since 1925 the superlative cleansing qualities of **STERODENT** have kept constant pace with the progress of modern dentistry. You'll like this "tried and true" product!

**For better results
in less time use
2-STEP TECHNIQUE**

FIRST strip teeth of mucin with OraClenz Coagulent.

SECOND Sterodent's efficient cleansing agent then does its good work much faster.

RESULT pearly luster in less time . . . teeth that reflect a superior prophylaxis . . . a walking advertisement any dentist would be proud of!

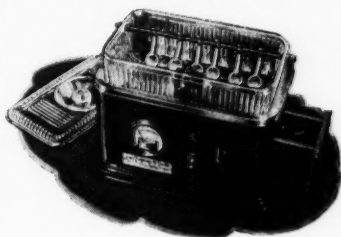
Order **STERODENT** today

Included at no cost will be sufficient OraClenz Coagulent tablets to make a mouthwash for your two-step technique, or for other mouthwash purposes.

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Use Copper Dies!

• For inlays and crowns of Plastic . . . Porcelain . . . and Gold . . . use accurate copper dies.



Make them with the Copper-Smith

Copper Plating Unit

Then you'll be SURE of the necessary accuracy! What's more, you'll get a simplicity of operation that will surprise and delight you, and savings which will mount up as time goes on.

One Compact Unit

Takes up little room. Has drawer for accessories (all included) and snug-fitting cover to keep solution clean and warm, thus insuring faster plating.

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Illustrated. For dentists,

\$59.50

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Complete with All Accessories

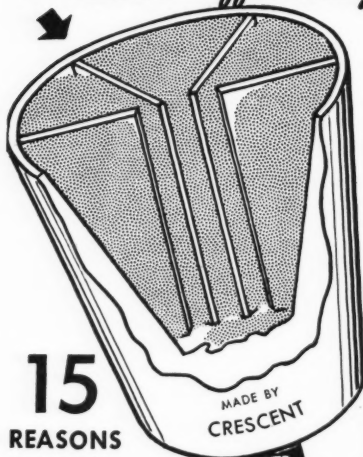
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The **INSIDE** story of Modern Efficiency



15

REASONS

*why thousands of dentists
are using the Crescent*

WEBBED

Rubber Polishing Cup

- It retains the abrasive at higher speeds
- It cuts faster with less pressure
- It does better work
- It does more work
- It lasts longer
- It has more working surface
- It conforms to the tooth surface
- It fits your handpiece
- It runs true
- Is easy on the patient
- Is smooth and gentle in operation
- Is made of clean white special rubber
- Is permanently mounted
- Is the last word in efficiency
- and **COSTS MUCH LESS.**



Pat. Sept. 14, 1937

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AN IMPORTANT DIAGNOSIS

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TIME is an essential factor in radiographic processing. If you're "caught short" on developing and fixing solutions Urell Concentrated X-Ray Solutions can help you. Here's how: Urell Solutions

- have but one simple instruction: dilute, develop
 - can be used under wide ranges in temperature
 - give results comparable in every way to powders
 - have consistently long and uniform life.
- Urell Solutions are available in convenient quantities through your supplier.

URELL CONCENTRATED LIQUID DEVELOPER

1 QUART CONCENTRATE \$ 95

(makes one gallon)

4 QUARTS CONCENTRATE \$ 315

(makes four gallons)

URELL CONCENTRATED LIQUID FIXER

1 QUART CONCENTRATE \$ 75

(makes one gallon)

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(makes four gallons)



Urell Inc.

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Why despair when your root-canal therapy fails you?

Before you extract, try Vapoform at our risk.

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Address.....

Dealer.....

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TRIM MODELS QUICKLY and NEATLY.....

Use a

TORIT

- NO DUST
- NO CHIPPING
- NO SPLASHING • **MODEL TRIMMER**

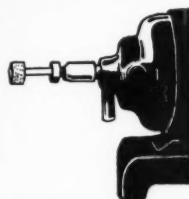
Its spirally-grooved grinding wheel has a water spray to carry away grindings and keep the cutting surface clean.

Ask us for Catalog No. 14 and full information on the exceptionally popular Torit Model Trimmer.



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279 Walnut St.
St. Paul, Minn.

YOU CAN'T BEAT



**TORIT
ARBOR
BANDS**

for

DRESSING DOWN PLATES

These small bands, made of abrasive cloth, are used with the dental lathe in a way that converts the lathe into a miniature grinder and polisher.

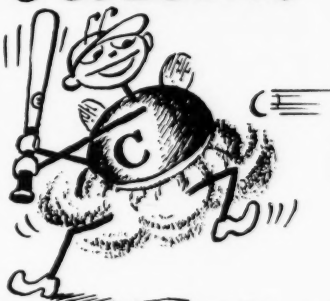
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or order from your dealer

Torit Manufacturing Co.

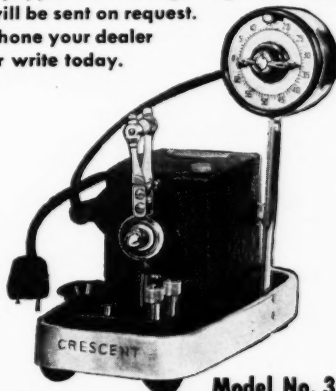
279 WALNUT ST ST. PAUL, MINN.

Crescent



WIG-L-BUG
Pat. May 21, 1940

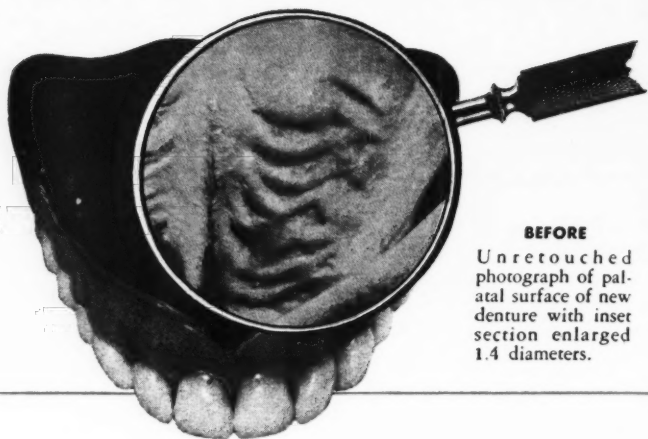
The Wonder Electric Mortar and Pestle is a hit with dentists everywhere! By eliminating much of the human error, it puts amalgam work on a profitable basis. How? It triturates enough amalgam in 7 to 10 seconds for an ordinary size filling. It saves alloy and mercury—as well as time—by avoiding waste. It standardizes technic, makes a smooth, fine textured mix every time, assures better fillings. Every office should be equipped with a Wig-l-bug. Full details will be sent on request. Phone your dealer or write today.



Model No. 3A

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BEFORE

Unretouched photograph of palatal surface of new denture with inset section enlarged 1.4 diameters.

Abrasive Action

DESTROY DENTURE

ACTUAL PHOTOGRAPHS SHOWING ABRASION OF DENTURE MATERIAL AFTER 5,000 BRUSH-STROKES . . . USING:



HOUSEHOLD CLEANSER



POPULAR TOOTH POWDER



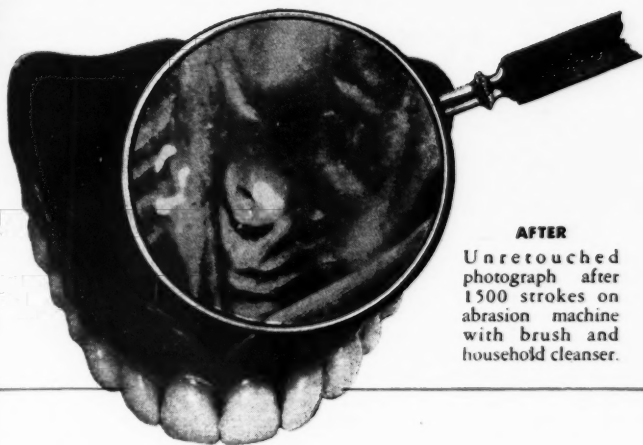
POPULAR TOOTHPASTE



BRUSH ALONE

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AFTER

Unretouched photograph after 1500 strokes on abrasion machine with brush and household cleanser.

of BRUSHING may FIT. . . *New Tests Reveal*

Household Cleansers, Most Dentifrices,
Even Brushing With Soap and Water Destroys Surfaces
Vital to Perfect Suction

The destructive effects of cleaning full dentures by common brushing methods are revealed graphically by this series of tests on vulcanite and acrylic denture materials—materials softer than dentine.

In above photograph, 1500 strokes and—in each case in box, at left, 5000 strokes—produced the damaging results shown in these magnified photographs. Vital convolutions and surfaces essential for correct fit and comfort were worn away . . . nullifying the painstaking

work of the prosthodontist.

These tests show clearly why thousands of dentists prescribe POLIDENT for cleaning all plates and removable bridges. POLIDENT *dissolves* mucin, tarnish, food-debris . . . *soaks* dentures clean, sweet and pure without danger from harsh abrasives or acids.

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The SAFE brushless cleanser



Approved and recommended by leading makers of Acrylic Resin.

10c per word, initials and figures used each counting as one word. Please send remittance with your order.

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Restricted to help and positions wanted, and practices wanted, and practices for sale. The minimum charge is \$2.

WANTED: Opening in California by draft exempt ethical operator or take over practice of dentist in service. "P" Oral Hygiene, Pittsburgh, Penna.

Dental location; unopposed; sponsorship hospital; golden opportunity; no investment. Located in South Dakota. Kniest, 1537 South 29th Street, Omaha, Nebraska.

DENTIST, draft exempt, Ohio license, all around man capable of taking charge, opportunity to earn \$300 a month. "N" Oral Hygiene, Pittsburgh, Penna.

WANTED: Lady technician must be able to handle work in high class ethical dental practice. Top salary if qualified. State experience. R. E. Baldwin, D.D.S., 915 Madison Avenue, Memphis, Tennessee.

FOR SALE: Practice and equipment in residential Hyde Park, Chicago, established forty-two years. A real opportunity. "C" Oral Hygiene, Pittsburgh, Penna.

Locations, practices, etc., furnished; practices sold. Dentists furnished, partners, etc. Kniest, 1537 South 29th, Omaha, Nebraska. Gilt edge references, established 1904.

OPPORTUNITY for dentist with Ohio license, character and ability to carry on well established practice; city of fifty thousand population. Busy offer. Terms as desired. "Retiring" Oral Hygiene, Pittsburgh, Penna.

WANTED: Experienced operator for New York state dental office. Nitrous oxide exodontia experience required. State qualifications, age, and salary expected. "Operator" care of Oral Hygiene, Pittsburgh, Penna.

FOR SALE: Established practice (45 years) in Pennsylvania town of five thousand with suburban drawing. Complete equipment with x-ray, \$950. "K" Oral Hygiene, Pittsburgh, Pa.

DENTAL LABORATORY, old established, sales thirteen thousand dollars a year. Completely equipped for vulcanite, acrylic, gold porcelain; employ three technicians; low overhead; health compels sale; price five thousand dollars. The Apple Company, Brokers, Cleveland, Ohio.

WOMAN DENTIST, age 30; California license. Excellent background and experience, wants position with busy dentist or will carry on for dentist going into service. "W" Oral Hygiene, Pittsburgh, Penna.

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DENTIST WANTED: Michigan license. No restriction as to race, color, or creed. Write Doctor Boddie, 552 E. Warren, Detroit, Michigan.

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Iowa practice; drafted. Fine town, income ten thousand dollars year. Get details. Practices, locations, etc., in all states furnished. Kniest, 1537 South 29th St., Omaha, Nebraska.

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giving Hospital Sterilization Safety in
your own office. Wilmot Castle Co.,
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The working population of the country now totals some *seventy million people*. Many of them need dental care. Many of them will visit a dentist for the first time in years. Their experiences in the dental chair will have a great influence upon their future history as dental patients. During this critical period there will be a tremendous amount of dentistry to be handled by a decreasing number of private practices. Thousands of dentists will be faced with full appointment books and long, busy days.

McKesson equipment for the control of pain is a particularly important aid during this critical period because it adds to productive operating time; it makes dental treatment easier and more inviting for the patient; it conserves the operator's energy by eliminating much of the nervous and physical strain of long, busy days at the chair.

Let us tell you how McKesson equipment can give you *more time for handling more patients*, and make dental treatment easier for both your patients and yourself. The coupon will involve no obligation.

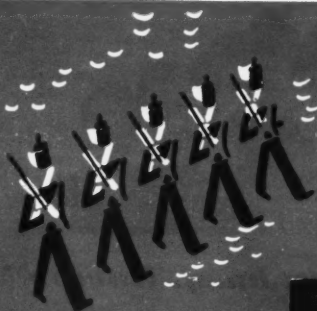
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For Better... *Not Worse*

SQUIBB DENTAL CREAM — A safe, effective dentifrice made from Squibb Milk of Magnesia—a fine antacid. Free from any ingredient which might be harmful to the teeth or gums.

SQUIBB TOOTH POWDER — Provides the same scientific advantages as Squibb Dental Cream. Safe and pleasant to use. Contains magnesium hydrate—an antacid.

SQUIBB ANGLE TOOTHBRUSH — Has a small brush head, mounted on a slim metal shank bent at an angle like your mouth mirror. Designed to make it easier to reach the less accessible areas of the teeth. Has high quality, long lasting Synton (synthetic) bristles.

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Squibb Dental Products are recognized for their high quality and dependability. Why not give them a place in your practice?

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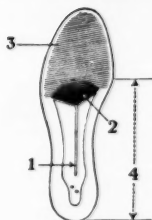
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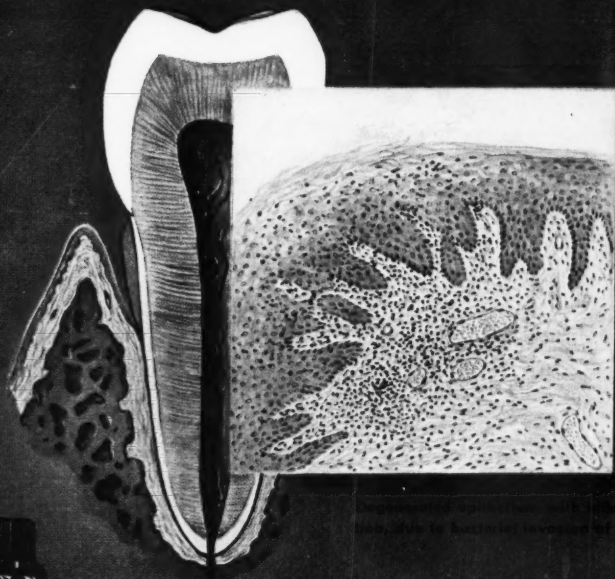
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